Experience of Great Britain in organization of healthcare system for pharmaceutical provision with medicines for privileged categories of citizens

Abstract. Background. Health is the highest value not only in the context of the perception of a person, but also society and the state as a whole. According to the content of international documents approved by the UN General Assembly, the WHO, the World Medical Association, governments should be responsible for the health of the population, ensure the implementation of the human right to life and health. Previously, the state of affairs in Ukraine regarding the pharmaceutical provision of privileged categories of citizens was studied. However, for forming a powerful and effective health care system in Ukraine for the pharmaceutical provision of privileged categories of citizens, it is useful to analyze the experience of providing health care in economically developed countries. The purpose of the research was to study the Great Britain experience with the organization of a healthcare system for the pharmaceutical provision of medicines to privileged population groups. Materials and methods. Common methods of normative legal, documentary, retrospective and comparative analysis used to gain that purpose. Results. The system of financing health care in the Great Britain provides getting finances mainly from the state budget, while the division takes place on the management vertical from the highest level to the lower one. The taxes that make up about 90% of the health care system budget are the financial basis of the national health system of the Great Britain. For comparison, only 7.5% comes from employers. Therefore, can argue that the healthcare system of the Great Britain in fact completely financed by financial contributions from taxpayers and by the government. There are three main models of financing health care allocated in the world practice: private, budget (model Beveridge), mixed (Bismarck model). A private financing model exists through the creation of sustainable competition between healthcare facilities. The part of private insurance is about 40% of total costs, and the patient himself covers the cost of pharmaceutical provision. A private financing model is typical for such developed countries as the United States of America and Japan. The budget model of funding or the Beveridge model means covering a large part of the costs of pharmaceutical provision by state institutions. This model is also typical for Great Britain. A mixed financing model or Bismarck model based on the three foundations: the state, enterprises and personal funds of a citizen. This system of insurance financing is typical for Germany, Austria and France. Private medicine in the Great Britain is one of the most advanced and most expensive in the world. There are about 300 non-state hospitals in the country, that receive a license at a local the National Health Service unit and tested twice a year. There are no queues here and medical care provided in full and to the ex- tent necessary. The services of pay-doctors and cabinets paid either by insurance companies or by patients themselves. Large companies in Britain have health insurance as an additional paycheck bonus. Conclusions. According to the Great Britain experience, compulsory medical insurance takes place in countries with predominantly state funding. The Beveridge model is widespread in many countries where the state provides coverage of 80% or more of health care costs (Canada, Australia, Greece, Sweden, and Spain). Despite significant changes in the health care system of the Great Britain, the opportunity to choose the type of insurance and to take advantage of the benefits for the purchase of medicines and medical products, that allowed to increase competition between healthcare facilities and, accordingly, to improve the quality and speed of pharmaceutical provision of patients. Thus, budget medicine of Great Britain is a priority for many world countries and a guarantee of state financing of pharmaceutical provision for privileged categories of citizens, regardless of income level and social status. Keywords: pharmaceutical provision; experience of Great Britain; healthcare system
Introduction
Health is the highest value not only in the context of the perception of a person, but also society and the state as a whole. According to the content of international documents approved by the UN General Assembly, the WHO, the World Medical Association, governments should be responsible for the health of the population, ensure the implementation of the human right to life and health [6].

Previously, the state of affairs in Ukraine regarding the pharmaceutical provision of privileged categories of citizens was studied [9].

However, for forming a powerful and effective health care system in Ukraine for the pharmaceutical provision of privileged population groups, it is useful to analyze the experience of providing health care in economically developed countries.

The purpose of the research was to study the Great Britain experience with the organization of a healthcare system for the pharmaceutical provision of medicines to privileged population groups.

Materials and methods
Common methods of normative legal, documentary, retrospective and comparative analysis used to gain that purpose.

Results and discussion
The system of financing health care in the Great Britain provides getting finances mainly from the state budget, while the division takes place on the management vertical from the highest level to the lower one.

The taxes that make up about 90% of the health care system budget are the financial basis of the national health system of the Great Britain. For comparison, only 7.5% comes from employers. Therefore, can argue that the healthcare system of the Great Britain in fact completely financed by financial contributions from taxpayers and by the government [2].

There are three main models of financing health care allocated in the world practice: private, budget (model Beveridge), mixed (Bismarck model) [10].

| Category of the population | Conditions or characteristics |
|----------------------------|------------------------------|
| Children under 16 years old | Up to 19 years old, if studying at a day care center |
| Persons over 60 years of age | Citizens of the country |
| Pregnant women | Also, women who have given birth during the last 12 months may qualify for the benefit |
| Patients with endocrinology, oncological and other severe and/or chronic diseases | Hypoadrenalism, diabetes mellitus type I and type II, hypothyroidism; oncology; epilepsy, tuberculosis |
| Special categories of population | People with disabilities; people with low income |

A private financing model exists through the creation of sustainable competition between healthcare facilities. The part of private insurance is about 40% of total costs, and the patient himself covers the cost of pharmaceutical provision. A private financing model is typical for such developed countries as the United States of America and Japan.

The budget model of funding or the Beveridge model means covering a large part of the costs of pharmaceutical provision by state institutions. This model is also typical for Great Britain.

A mixed financing model or Bismarck model based on the three foundations: the state, enterprises and personal funds of a citizen. This system of insurance financing is typical for Germany, Austria and France.

Private health insurance covers healthcare services that not provided by the National Health Service. Private insurance companies are essentially complementary to the public health care system of the Great Britain; therefore, only risk insurance foreseen beyond the competence of the health service. The GB’s private health insurance only includes a paid medical care at commercial and public health facilities. Great Britain budget financing has a number of disadvantages: the monopoly of the insurance market; the lack of the actual ability to elect a doctor or health care provider [3].

Currently, the Great Britain government is working to increase the effectiveness of providing medical care and pharmaceutical provision to different categories of citizens by increasing competition between types of funding [4].

The Great Britain has a centralized state healthcare and social welfare system — the National Health Service (NHS). A minister in charge of 14 regional health departments that, in their turn, subject to 145 local health departments and 90 family health departments [9] heads the healthcare system.

The main principle of the healthcare of Great Britain is free medical care for all contingents of the population living legally on the territory of the country. The main source of funds for health care is the state budget. The basis of the functioning of the dynamic health sys-
tem is the Constitution and the Law of the Great Britain “The National Health Service Act.” In addition to public health care facilities, private ones paid with voluntary (private) insurance.

Private insurance used by about 12% of the population of Great Britain, who receives services from private companies as a supplement to funding from the NHS. In this case, the patient will not be able to rely on free medicines from the NHS. In part or in full, the patient should pay for the dentistry help, dental prosthesis, etc. by his own account in part or in full [1].

OTC medicines are paid for their own funds, while prescription medicines were first issued free of charge, but this led to the unjustified consumption of free medicines and became an overwhelming burden for the state, which led to the revision and the introduction of a fixed co-payment for each prescribed recipe. The prescription period in the GB is up to 6 months, while the medicines with narcotic and psychotropic components is 28 days [8].

The conditions for the provision of medicines differ in different parts of the Great Britain: the inhabitants of England pay a recipe of 7.65 (from April 2012), in Wales, Scotland, Northern Ireland - the co-payments are canceled.

About 90% of medicines and medical products are released free of charge for certain categories of the population (table).

Need to note, that there are monthly and annual certificates for patients who are continuously taking the drug, which reduces the cost of the prescription.

There is a so-called “black list” in Great Britain, that includes medicines prohibited for free provision, but permitted for own purchasing. There is also a “gray list” of medicines, which includes medicines for prescribing only in special cases or special patients [10].

Private medicine in the Great Britain is one of the most advanced and most expensive in the world. There are about 300 non-state hospitals in the country, that most advanced and most expensive in the world. There are no queues here and medical care provided in full and to the extent necessary. The services of pay-doctors and cabinets paid either by insurance companies or by patients themselves. Large companies in Britain have health insurance as an additional paycheck bonus [5].

Conclusions

According to the Great Britain experience, compulsory medical insurance takes place in countries with predominantly state funding. The Beveridge model is widespread in many countries where the state provides coverage of 80% or more of health care costs (Canada, Australia, Greece, Sweden, and Spain). Despite significant changes in the health care system of the Great Britain, the opportunity to choose the type of insurance and to take advantage of the benefits for the purchase of medicines and medical products, that allowed to increase competition between health facilities and, accordingly, to improve the quality and speed of pharmaceutical provision of patients. Thus, budget medicine of Great Britain is a priority for many world countries and a guarantee of state financing of pharmaceutical provision for privileged categories of citizens, regardless of income level and social status.

Conflicts of interests. Authors declare the absence of any conflicts of interests that might be construed to influence the results or interpretation of their manuscript.

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Досвід організації системи охорони здоров’я Великої Британії щодо фармацевтичного забезпечення лікувальних категорій населення

Резюме. Актуальность. Здоров’я – найвища цінність не просто в контексті сприйняття певної особи, але й суспільства та держави загалом. Згідно до змісту міжнародних документів, затверджених Генеральною Асамблеєю ООН, ВОЗ, Всесвітньою медичною асоціацією, уряди мають нести відповідальність за здоров’я’ населення, забезпечити реалізацію права людини на життя і здоров’я. Однак, для формування потужної та дієвої системи охорони здоров’я в Європейському союзі, незалежно від рівня доходів та соціального статусу, є необхідним здійснення обов’язкової медичної підготовки та поліпшення якості медичної служби. Мета. Загальна мета дослідження полягала у вивченні досвіду Великої Британії щодо організації системи охорони здоров’я для фармацевтичного забезпечення лікарськими засобами льготних категорій населення.

Матеріали та методи. Для досягнення поставленої мети використовувалося загальноприйняті методи нормативно-правового, документального, ретроспективного та порівняльного аналізу. Результати. Система фінансування охорони здоров’я у Великій Британії передбачає надходження переважної частини коштів з державного бюджету, при цьому розподіл відбувається від управлінської вертикалі від вищої концентрації до нижчої. Саме через це система фінансування охорони здоров’я є фінансовим підґрунтям національної системи охорони здоров’я Великої Британії. Для порівняння, лише 7,5% коштів надходять від роботодавців. Тому можна стверджувати, що система охорони здоров’я Великої Британії фактично повністю забезпечується за рахунок державних коштів.

Ціна. Приватна модель фінансування характерна для таких розвинених країн як США та Японія. Бюджетна модель фінансування або модель Бісмарка передбачає покриття значної частини витрат на фармацевтичне забезпечення державними уставами. Така модель характерна для Великої Британії. Зміщена модель фінансування або модель Беверіджа базується на принципу бюджетна медична служба Великої Британії і проходить перевірку два рази на рік. Тут немає ніяких черг, а медичну допомогу надають у повному та безпосередньому обслуговуванні. Аналіз даних показує, що основними витратами на фармацевтичне забезпечення є платні лікарські засоби.

Висновки. За досвідом Великої Британії обов’язкове медичне страхування має місце у країнах із переважно державним фінансуванням. Модель Беверіджа поширена у багатьох країнах, де держава забезпечує компенсацію 80% і більш витрат на охорону здоров’я. Значні зрушення у системі охорони здоров’я Великої Британії, можливості обрати вид страхування та скористатися пільгами на придбання лікарських засобів дозволила штучно підвищити конкуренцію між закладами охорони здоров’я, а відповідно – і покращити якість і швидкість фармацевтичного забезпечення.

Ключові слова: фармацевтичне забезпечення; досвід Великої Британії; система охорони здоров’я

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Фармація, промисloва фармація / Pharmacy, Industrial Pharmacy
системы здравоохранения для фармацевтического обеспечения лекарственными средствами льготных категорий населения. Материалы и методы. Для достижения поставленной цели были использованы общепринятые методы нормативно-правового, документального, ретроспективного и сравнительного анализа. Результаты. Система финансирования здравоохранения Великобритании предусматривает поступление преобладающей части средств из государственного бюджета, при этом распределение осуществляется по управленческой вертикали от высшего звена к низшему. Именно галоги, которые составляют около 90% бюджета здравоохранения, являются финансовым основанием национальной системы здравоохранения Великобритании. Для сравнения, только 7,5% средств поступают от работодателей. Поэтому можно утверждать, что система здравоохранения Великобритании фактически полностью обеспечивается за счет финансовых платежей со стороны плательщиков налогов и собственно государственного обеспечения. В мировой практике принято выделять три основные модели финансирования сферы здравоохранения: частная, бюджетная (модель Бевериджа), смешанная (модель Бисмарка). Частная модель финансирования существует за счет создания устойчивой конкуренции между заведениями здравоохранения. Частное страхование составляет около 40% от общих затрат, а остаток стоимости фармацевтического обеспечения покрывает сам пациент. Частная модель финансирования характерна для таких развитых стран как США и Япония. Бюджетная модель финансирования или модель Бевериджа предусматривает покрытие значительной части затрат на фармацевтическое обеспечение государственными учреждениями. Такая модель характерна и для Великобритании. Смешанная модель финансирования или модель Бисмарка базируется на "трех китах": государстве, предприятии и личные средства граждан. Данная система финансирования на страховой основе характерна для Германии, Австрии и Франции. Частная медицина Великобритании — одна из наиболее передовых и наиболее дорогих в мире. В этой стране около 300 негосударственных госпиталей, каждый из которых получает лицензию в местном подразделении Национальной системы здравоохранения и проходит проверку дважды в год. Здесь отсутствуют очереди, а медицинская помощь предоставляют в полном и необходимом объеме. Платные услуги врачей и кабинетов оплачивают или страховые компании, или пациенты самостоятельно. В крупных компаниях Великобритании распространено медицинское страхование как дополнительный бонус к зарплате.

Выводы. Опыт Великобритании по обязательному медицинскому страхованию распространен в странах с преимущественным государственным финансированием. Модель Бевериджа распространена во многих странах, в которых государство обеспечивает компенсацию 80% и более затрат на здравоохранение (Канада, Австралия, Греция, Швеция, Испания). Значительные подвижки в системе здравоохранения Великобритании, возможность выбрать вид страхования и воспользоваться льготами на получение лекарственных средств позволила искусственно повысить конкуренцию между учреждениями здравоохранения, а соответственно — улучшить качество и скорость фармацевтического обеспечения пациентов. Таким образом, бюджетная медицина Великобритании — приоритет для многих стран мира и залог государственного финансирования фармацевтического обеспечения льготных категорий населения, независимо от уровня доходов и социального статуса.

Ключевые слова: фармацевтическое обеспечение; опыт Великобритании; система здравоохранения