



# Productivity in UK healthcare during and after the Covid-19 pandemic

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# Overview of comments

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1. Values and volumes
2. Volume indices of output
3. Quality adjustment
4. Looking ahead



# 1. Values and volumes



## ***Nominal*** output of health service providers

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**Market providers:** output = revenues

**Non-market providers:** output = costs

Costs =    Intermediate consumption  
              + Compensation of employees  
              + CFC  
              + Other net taxes on production



## Productivity (1)

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Growth of nominal output = growth of nominal inputs for non-market providers

Does ***not*** imply productivity (growth) = zero

Depends on how nominal output and nominal inputs are **split into volumes and (quasi) prices**



## Productivity (2)

$$\begin{aligned} & \underbrace{\sum w_i^t x_i^t}_{\text{Value of inputs (labour, capital,...)}} \\ = & \underbrace{\sum u_j^t a_j^t}_{\text{Value of activities (treatments)}} = \underbrace{Y^t}_{\text{Value of output}} \end{aligned}$$

Productivity

$$= \underbrace{\left[ \frac{\sum u_j^{t-1} a_j^t}{\sum u_j^{t-1} a_j^{t-1}} \right]}_{\text{Volume index output}} \bigg/ \underbrace{\left[ \frac{\sum w_i^{t-1} x_i^t}{\sum w_i^{t-1} x_i^{t-1}} \right]}_{\text{Volume index input}} \neq 1$$



## 2. Volume indices of output



## Direct Output measures (eg UK)

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Direct Laspeyres volume index of output

$$= \left[ \frac{\sum u_j^{t-1} a_j^t}{\sum u_j^{t-1} a_j^{t-1}} \right]$$

- Cost-share weighted change in # of treatments (DRGs)
- More complex with quarterly data
- Possible downward bias under Covid





## Deflated Output measures (e.g. Germany)

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Deflated value index = Paasche volume index of output

$$= \left[ \frac{Y^t}{Y^{t-1}} \right] / \left[ \frac{\sum u_j^t a_j^{t-1}}{\sum u_j^{t-1} a_j^{t-1}} \right] = \left[ \frac{\sum u_j^t a_j^t}{\sum u_j^t a_j^{t-1}} \right]$$

- Cost-share weighted change in unit costs of treatments (DRGs)
- Laspeyres and Paasche volumes similar in normal times
- Possible upward bias
- But consequences need to be worked out fully



# What do others do for QNA? A mixed picture

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## Hospital services:

**Deflation of outputs:** CHL (private), JPN, KOR (private), MEX (private), US, ZAF, DEU

**Output indicators:** DK, HU, IT, NO, PT, SE, AUS, UK

**Deflation of inputs:** AT, BE, CZ, ES, FI, FR, IS, LV, PL, SI, SK, CAN, CHL (public), COL, IND, ISR, KOR (public), NZL (public) Input indicators: MEX (public), NZL (private)



### 3. Quality adjustment



# Implicit and explicit quality adjustment

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- Stratification with DRGs = *implicit* quality adjustment
- *Explicit* quality adjustment may come on top (e.g. waiting time), but tricky
- Quality adjustment complicated for *both market and non-market producers* of health services



## 4. Looking ahead



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- ✓ Good proposal: *providing for peak load = additional insurance service*, not decline in efficiency
  - ✓ Explore more systematically consequences of *direct output vs deflated output (vs inputs)* in QNA and ANA: ONS/OECD project
  - ✓ I much enjoyed reading this paper!



**Thank you!**