COMMISSION OF THE EUROPEAN COMMUNITIES

studies

The cost of hospitalization Micro-economic approach to the problems involved

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Final report, drafted by: Mr Clément Michel, Directeur Honoraire de la Fédération Nationale des Organismes de Sécurité Sociale, Paris

COLLECTION STUDIES
Social Policy Series No 39
Brussels, September 1978

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This publication is also available in

DA	ISBN	92-825-0967-2
DE	ISBN	92-825-0968-0
FR	ISBN	92-825-0970-2
IT	ISBN	92-825-0971-0
NL	ISBN	92-825-0972-9

Cataloguing data can be found at the end of this volume

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Printed in Luxembourg

ISBN 92-825-0969-9

Catalogue number: CB-NN-78-039-EN-C

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FOREWORD

The aim was to enable a comparison of the real costs of hospital services to be carried out, regardless of the diversity of regulations, tariffs, sources of financing, accounting plans and so on.

The group of experts felt it necessary to establish two sets of comparisons - between general hospitals with no highly technical departments and between large capacity regional hospitals with the most up-to-date technical equipment. Obviously, it was not possible to achieve perfect homogeneity in each of the two groups of establishments choses; the selected criteria of choice had the aim of avoiding technical and economic differences large enough to have a priori a noticeable effect on costs.

The present study published by the Commission of the European Communities is the fruit of much analysis and thought. It was written by Mr C. Michel, Honorary Director of FNOSS (National Federation of Social Security offices), Paris. The data in this report are therefore the sole responsibility of the author.

This exercise should be considered as an example of the necessary methodology and as an indication of the way forward in getting to grips with the real cost of hospitalization and illness.

As far as the health sector is concerned, prudence will always be required, since comparisons are difficult, the behaviour of the sick and doctors varies according to country, age-group, occupational category, etc. Simplist answers should be distrusted as well as those referring only to pure economics, to avoid further harm to the sick and especially those belonging to the least favoured social classes.

The experts whose names follow supplied Mr Michel with the data needed for his analysis. Both they and Mr Michel deserve gratitude for their excellent work, a reading of which should provide food for thought to those who have to run hospitals or to the decision-makers who have to produce plans for what has come to be called 'the hospital sector'.

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INTRODUCTION

In 1972, at the request of the Commission of the European Communities, a report on the cost of hospitalization under social security systems was drawn up.

By analyzing and comparing overall statistical data available in the various countries the report attempted to explain the considerable differences in the hospitalization costs covered by sickness insurance in the various countries.

It revealed that the national social security regulations made very comparable provisions for covering the cost of hospitalization and that the difference in expenditure was not therefore attributable to the insurance schemes themselves.

However, it appeared that the methods of fixing the daily amounts paid by social security varied widely from one country to another and, in many cases, prices did not represent the real costs of hospitalization. This obviously resulted in considerable distortion at the level of outlay by the insurance scheme.

The report also revealed that the supply of hospital treatment, measured in terms of beds per thousand inhabitants, varied a great deal from country to country and even from region to region within a particular country. As far as mecical care is concerned, supply will obviously go a long way to shaping demand, at least in the present economic situation, and it was reasonable to think that use of the hospital as an instrument of public health and the expenditure this involves partly depend on the subjective opinion of both population and the medical profession as to the 'need' for hospitalization and on established social behaviour.

A comparison of indices on bed density, admissions per thousand inhabitants, average length of stay and rate of occupation of beds revealed a certain coherence of the data of any one country, although there was no systematic correlation.

Ultimately, the most important aspect of the 1972 report, based on overall national data whose significance it was often difficult to assess, was that it highlighted the extreme diversity of national situations and clearly showed that the cost of hospitalization to the sickness insurance scheme did not provide a true picture of the actual costs in the various countries.

One question remained completely unanswered - did the cost price of hospitals vary widely from one country to another or were they, on the other hand, fairly similar?

It was decided to draw up this report of five countries, to cast some light on the subject for the first time.

The aim was to enable a comparison of the real costs of hospital services to be carried out, regardless of the diversity of regulations, tariffs, sources of financing, accounting plans and so on.

The group of experts felt it necessary to establish two sets of comparisons - between general hospitals with no highly technical departments and between large capacity regional hospitals with the most up-to-date technical equipment. Obviously, it was not possible to achieve perfect homogeneity in each of the two groups of establishments chosen; the selected criteria of choice had the aim of avoiding technical and economic differences large enough to have a priori a noticeable effect on costs.

It is of course very difficult to say whether the establishments chosen exhibit, in each country, the characteristics typical of the category of hospitals to which they belong. The comparison of the data for the particular establishments chosen for the present study with the average comparable data was carried out for the Netherlands and for Great Britain.

As regards the Netherlands, the data corresponds exactly in the case of the general hospital, although the costs of the regional hospital chosen for the study are lower than the national average.

Concerning the United Kingdom, the general hospital is slightly below the average, while the regional hospital is on the same level as other teaching hospitals in London, but clearly higher than regional provincial teaching hospitals, or than regional non-teaching hospitals.

The relevant tables can be found in the annex.

One of the greatest difficulties was in establishing a single framework for the accounting analysis of running costs, which would enable maximum comparability. However, discussions gradually enabled the resolution of this problem. The reference year, in all cases, is 1975. All things considered, it can be reckoned that the few remaining imprecisions and differences which could not be eliminated do not detract to any significant degree from the validity of the conclusions drawn.

Part I

GENERAL HOSPITALS

		-

T. GENERAL

The five hospitals selected by the national experts have the following general characteristics.

Legal status

The hospitals in Great Britain and France are public. Those in the F R of Germany, the Netherlands and Belgium are private, non-profit-making concerns.

General information

The following data, all relating to 1975, cover the complete range of departments in each hospital:

	Belgium	France	UK	Netherlands	FR of Germany
Number of beds	320	598	405	263	440
Number of admissions	7 845	9 247 ¹	11 971	5 787	9 527
Number of inpatient days	93 233	175 707 ¹	103 700	77 516	139 078
Average stay	11.85	19.0	8.6	13.4	14.6 ¹
Rate of occupation in %	79.81	80.5	70.1	80.8	86.5 ¹

¹ Figure not supplied by the national report but calculated on the basis of other known data.

Although bed numbers vary (the highest figure being more than twice the lowest), they are near enough to avoid any substantial distortion. Admissions and in-patient days follow much the same pattern as bed numbers.

However, two cases are noticeably different from the rest — the average length of stay is far shorter and the rate of occupation far lower in the British hospital than elsewhere, while the average length of stay in the French hospital is longer than elsewhere.

Technical details

The Belgian hospital contains the following beds:

General medicine	120
Surgery (including	
urology and orthopaedics)	160
Paediatrics	40

Since there is no obstetrics unit in this hospital, the national expert included a neighbouring one (catering for 43 confinements and premature babies) in the report.

The French hospital contains the following beds:

General medicine	119
General surgery	97
Obstetrics	30
TB	47
Paediatrics	24
ENT	11
Ophthalmology	13
Reanimation	5
Geriatrics	118
Permanent and semi-permanent disabilities	134

The German hospital contains the following beds:

General medicine	110
General surgery	110
Obstetrics	47
Gynaecology	56
Orthopaedics	74
ENT	19
New born baby unit	7
ICU	8
Other	9

The British hospital contains the following beds:

General medicine	61
General surgery	84
Obstetrics	62
Gynaecology	32
Pediatrics	39
Opthalmics	14
Orthopaedics	48
Dermatology	4
Geriatrics	61

The figures for the Dutch hospital are given below. It should be understood that this is only an average distribution since, in the Netherlands, beds are not as a rule allocated permanently to one department or another:

General medicine	51
General surgery	51
Gynaecology and obstetrics	30
Paediatrics	44
Maternity	12
Opthalmology	5
Psychiatry/neurology	26
Dermatology	6
ENT	18
Other	20

The range of technical services in the various hospitals is fairly similar, with the exception of the quite large geriatric departments in France and the UK and of the psychology/neurology department in the Netherlands. In theory, these departments should push up the average length of stay, per case, but, although this is in fact considerably longer in France, it is the shortest in the United Kingdom. The inevitable conclusion is that, in the former case, the hospital caters for the old people who are chronically ill and in the latter only acute cases are dealt with. Moreover, the length of stay in the French hospital for active treatment only is 12.9 days.

The length of stay in the Dutch hospital is average, psychiatry/neurology only accounting for 8% of admissions.

Outpatients

There was a total of 64 618 outpatient attendances in the various departments of the Dutch hospital in 1975.

The British hospital treated 63 000 outpatients and 35 000 casualties.

The Belgian hospital treated 171 024 outpatients.

The German hospital provides outpatient services in medicine, maternity, gynaecology, orthopaedics and ENT. The total number of attendances, however, has not been given.

The French hospital gave figures for outpatient treatment in surgery (4 819), medicine (71) and obstetrics (43), but failed to give details for the other departments.

Overall income and expenditure

The national reports give total expenditure (investment and operation combined; excluding outpatients services) in the five hospitals in 1975 as follows:

Belgium	BF'R	262	567	000
France	FF	38	046	650
UK	UKL	2	508	000
Netherlands	HFL	14	122	294
FR of Germany	DM	22	168	580

Converted into French francs at the official exchange rate for 1975, this amounts to :

Belgium	FF	29	730	000
France	FF	38	046	650
UK	FF	22	737	000
Netherlands	FF	23	458	960
FR of Germany	FF	37	895	800

If the purchasing power parities calculated by the EEC for 1975 are also taken into account, the figures become :

Belgium	FF	31	892	000
France	FF	38	046	650
UK	FF	29	786	000
Netherlands	FF	25	770	600
FR of Germany	FF	38	420	415

If these figures are divided by the number of beds in each hospital, the annual costs per bed average as:

Belgium	FF	99	662
France ¹	FF	78	122
UK	FF	73	545
Netherlands	FF	97	987
FR of Germany	FF	87	319

Such a calculation is obviously of no precise significance as far as the accounts are concerned. However, it gives an interesting picture in that the overall cost per bed varies from FF 73 545 to FF 99 662 - i.e. on a scale from 1 for the UK to 1.06 for France, 1.33 for the Netherlands, 1.36 for Belgium and 1.19 for FR of Germany.

A number of marked particularities should certainly be taken into account. The proportion of investments (amortization and loans) is far smaller in Belgium and FR of Germany than in France and the Netherlands. No such expenditure appears in the accounts in the United Kingdom, in view of the nature of the present national health service. However, although the French hospitals' accounts give investment resources that are roughly equal to expenditure, the other four hospitals do not specifically earmark income for investments.

These differences are the result of the diversity of methods of financing hospital investments. In addition, certain hospitals may have made major investments during the year in question, while others made little or none.

The inclusion of financial costs, investment expenditure and taxes and charges is, in fact, likely to falsify the comparisons in that the object of this study is to analyze administrative expenditure.

They will therefore be excluded from the following comparisons, the cost of the various items in Table I being included in the expenditure on subsistence, medicinal costs, staff and miscellaneous outlay.

It should be noted that the figures for the Belgian and the UK hospitals do not cover expenditure on outpatients. However, this is included in the three other cases, it being impossible to carry out an item by item separation, although a distinction could be made at the level of overall expenditure.

However, the proportion of outpatient to inpatient expenditure is not large enough to detract from the interest or validity of the comparisons.

¹ When the figures for the French hospital were calculated, only 1/6 of the number of geriatric beds were taken into account since this unit opened at the end of 1975.

TABLE I 6

	Belgium	ium	Fre	France	UK		Netherlands	lands	FR of (Germany
	Total	%	Total	%	Total	%	Total	%	Total	%
A. Subsistence - Food	19 470	7,65	2 821	10	101	4.03	563	4.44	1 069	4.86
- Other expenses (laundry, heating, maintenance)	16 231	6.41	2 875	10.18	235	9.37	462	3,65	2 473	11,24
	35 701	14.10	5 696	20,18	336	13,40	1 025	8,09	3 542	16.10
B. Medicinal costs										
- Medicines	8 401	3,32	1 999	7,08	62	2,47			1 354	6.15
- Dressings and misc. supplies .	1 905	0.75	ı	ı	124	4,94			873	3.97
- Laboratory analyses	17 278	6,83	616	2.18	22	0.88			217	66.0
- Radiology	13 739	5,43	523	1,85	∞	0.32			355	1.61
- Special treatment (endoscopy, electrotherapy, cobalt treatment)			899	2.37					10	0.04
- Other			499	1,77						
	41 323	16.33	4 306	15.26	216	8,61	1 305	10.30	2 809	12.77
3. Remuneration of doctors	16 230	6,41	3 036	10.76	274	10.9	(4)		3 833	17.42
D. Other staff costs										
- Remuneration of medical auxiliaries other than nurses.	45 118	17,82	530	1,88	58	2.31	1 234	9,74	3 046	13.85
- Nursing staff	74 798	29.55	6 783	24.03	805	32.09	5 267	41.57	4 539	20.63
- Serving staff	ı	1	3 997	14.16	466	18.58	2 172	17.14	2 723	12,38

technical 7			000	7.21	182	7.26	781	01.0	7.60 1	4.99
	902 3	.12	ı	ı	114	4.55	342	2.70	115	0.52
- Welfare workers			402	1.42	ı		82	0.64	80	0.36
149 4	403 59	59.02	13 748	48.72	625	64.79	9 878	77 ,95	11 600	52.73
E. <u>Miscellaneous expenses</u> 10 4	482 4	4.14	1 434	5.08	58	2.31	463	3.65	216	96•0
SUB-TOTAL 253 1	139 100%		28 220	100%	2 508	700%	12 671	100%	22 000	100%
Financial costs	···									
- amortization	103		746				1 300		2 154	
- interest and loan repayments 5 6	614		448	-			2 483			
8 7	716		1 193				3 723		2 154	
Taxes and charges	712		821						71	
Investment expenditure covered by hospital		0 0	275				1 497			
SUB-TOTAL 9 4	428 3	3.59	10 238	26.6	1	1	4 220	24.98	2 225	9.10
ı	10		458	100%			16 891 15 995	%00	24 442	
Acquisition and maintenance of durables Provision for works Expenditure in the investment budget Since doctors are not paid by the hospital it was not possible to give the amount The total figure for items in this column is Fl 16 891 000. From this should be d corresponding to 'incoporated costs', i.e. costs which cannot ultimately be set o diture. Actual expenditure is thus Fl 15 995 000. However, since these incorporat down among the various items, percentages are based on the figure of Fl 16 891 00	bles t cospital it was not possi column is Fl 16 891 000. i, i.e. costs which canr Fl 15 995 000. However, ntages are based on the	s not 16 891 which Howe	ssi 00. ann r,	to givom this ultimatice thes	e the shoul ely be e inco	ble to give the amount From this should be dedu ot ultimately be set off since these incorporated figure of F1 16 891 000	the amount should be deducted Fl ly be set off against incorporated costs we	ucted Fl 896 473, against hospital expe costs were not broken		expen- oken

⁶ Expenditure expressed in '000 units of nautomas currents? Expenditure on nursing training included in these figures

Analysis of operating expenditure

Converted into French francs on the basis of purchasing power parities, operating expenditure proper - i.e. expenditure on A, B, C, D and E of Table I - is as follows:

Belgium	FF	30	746	000
France	FF	28	220	000
UK	FF	29	786	000
Netherlands	FF	23	122	000
FR of Germany	FF	38	128	000

This total operating expenditure yields an annual cost per bed of :

Belgium	FF	96	081
France ¹	FF	56	440
UK	FF	73	545
Netherlands	FF	87	916
FR of Germany	FF	86	654

The widest gap is 1.70 between France and Belgium. However, the amount quoted for the French hospital is particularly low in comparison with the four other establishments. The fact that there are 134 beds for permanent invalids in this hospital no doubt partially explains the relatively low cost per bed. Costs for the other four hospitals are far more homogeneous, since if the UK is rated 1, then Belgium is only 1.3.

Table I also reveals substantial differences in the way expenditure is broken down over the various items.

Subsistence

This item represents a comparable percentage in the Belgian, UK and German hospitals. However, the figure for the Netherlands is less than half the average figure for the other four countries. France, on the other hand, had a high percentage.

- Medicinal costs

The range here is wide, going from 8.61% in the UK to 15.26% in France and 16.33% in Belgium. Expenditure is far lower in the United Kingdom and the Netherlands than in the three other countries.

 $^{^{1}}$ The 118 geriatric beds only counted for 1/6 - i.e. 20 beds - since the unit only came into service at the end of 1975

- Remuneration of doctors

There is also considerable variation here, figures ranging from 6.41% in Belgium to 17.42% in FR of Germany.

- Other staff costs

Although still substantial, the differences here are much less marked. France is at the bottom with 48.72% and the Netherlands at the top with 77.95%. There is very little difference between the other three countries.

The comparison of the percentages here, although interesting, is not always fully explicit, particularly since the remuneration of doctors could not be included in the case of the Netherlands.

If therefore seemed useful to compare expenditure on each of the four items A, B, C and D, converted into French francs on the basis of purchasing power parities:

(FF '000)

	Belgium	France	UK	Netherlands	FR of Germany
A. Subsistence	4 336	5 696	3 990	1 870	6 138
B. Medicinal costs	5 019	4 306	2 565	2 381	4 868
C. Remuneration of doctors	1 971	3 036	3 254	_	6 542
D. Other staff costs	18 146	13 748	19 299	18 025	20 103

This gives an annual cost per bed:

(in FF)

	Belgium	France	UK	Netherlands	FR of Germany
A. Subsistence	13 555	11 392	9 851	7 110	13 950
B. Medicinal costs	15 684	8 612	6 333	9 053	11 063
C. Remuneration of doctors	6 159	6 072	8 034	-	15 095
D. Other staff costs	56 706	27 496	47 651	68 536	45 688

The differences in this case are surprisingly large.

The relative homogeneity recorded above for total operating expenditure per bed/year masks considerable disparity at the level of the various items.

The greatest difference in subsistence is the 1.96 between the Netherlands and FR of Germany. For medicinal costs, it is 2.48, between the UK and Belgium and, in staff costs, 2.49 between France and the Netherlands. The greatest

difference as far as the remuneration of doctors is concerned is 2.48 between France and Germany.

The intermediate figures also vary widely.

The French hospital seems to have low outlay for all items except subsistence. However, we know that a service for the chronically sick can bring about a considerable drop in average costs — except, as it happens, for subsistence.

The German hospital is one of the most expensive, except for staff costs, where it is towards the lower end of the scale.

The Dutch hospital, on the other hand, has very high expenditure on staff costs, although its subsistence expenditure is low and its medicinal costs average.

Belgium has the highest expenditure for all items except the remuneration of doctors.

Finally, the United Kingdom is average throughout, except for medicinal costs, where it is the smallest spender.

Obviously such comparisons lack mathematical rigour. Purchasing power parities are only approximate figures representing averages. Similarly, certain costs, of food and energy for example, may vary from one country to another. And again, the wages and salaries of hospital staff are, very naturally, in line with national figures.

Nevertheless, clear differences of the kind recorded above certainly denote differences in hospital management itself.

Numbers of staff

Regulation hours of service of nursing staff

Belgium 40 hours per week
France 40 hours per week
UK 40 hours per week
Netherlands 40 hours per week
FR of Germany 40 hours per week

	cate; ex	ll gories cept tors	Ni	urses		rsing stants	aı	edical xili- vies	tr	minis- ative rses	Doc	etors
	Т	per bed	Т	per bed	Т	per bed	Т	per bed	Т	per bed	Т	per ped
Belgium			48	0.148	100	0.314	1	0,004	10	0.031	46	0,144
France	495	0.827	73	0.122	105	0.175	7	0,031	10	0,016	251	0,041
UK ²	697	1,72	143	0.353 ³	78	0.192	13	0.03	12	0,03	36 ⁴	0,09
Netherlands	330	1.254	76 ⁵	0.29	9	0.03	4	0.021	_	-	-	-
FR of Germany	4226	0.96	102	0.23	31	0.070	22	0.05	25	0.057	50	0.114

¹ Including 8 full-time, 8 part-time and 9 freelance doctors

This table, like the previous ones, reveals very considerable differences from one country to the next.

The range for nurses goes from 0.122 for France to 0.290 for the Netherlands and 0.350 for the United Kingdom.

Similarly, the rate of nursing assistants per bed varies widely. If nurses and nursing assistants are added together, the differences are reduced, but by no means disappear entirely.

Belgium	0.462
France	0.297
UK	0.540
Netherlands	0.320
FR of Germany	0.300

The differences for medical auxiliaries are very marked, but total numbers are in any case low.

The information on doctors can only be used as a guide, in view of the considerable differences in doctors' status.

Remuneration of nursing staff

Figures here are for the average monthly salary, including social security contributions, of nurses and nursing assistants.

² Whole time equivalent

³ Plus 125 student nurses (0.31 per bed) who help care for patients

⁴ Including medical students when they help with treatment

⁵ Plus 78 student nurses (0.30 per bed)

⁶ Including student nurses (total number devided by three)

The average cost to the German hospital is DM 2 446.

In the UK, the figure is UKL 194 for nursing assistants and UKL 253 for nurses.

The average monthly salary for nurses and nursing assistants in the Netherlands is $HFL\ 2\ 500$.

In Belgium, the figure is BFRS $48\ 350$ for nursing assistants and BFR $61\ 750$ for registered nurses.

The French hospital pays nursing assistants FF 3 205 and registered nurses FF 3 280.

Translated into French francs, due account being taken of purchasing power parities, this gives :

FR of Germany	FF	4	239				
UK	FF	2	309	and	FF	3	004
Belgium	FF	5	872	and	FF	7	500
France	FF	3	205	and	FF	3	280
Netherlands	FF	4	562				

Statistics published by the EEC (annex to the report on trends in the social situation, 1976) gave the indices for the labour costs of manual and white collar workers in industry in 1975 as:

Netherlands	100
Belgium	96
FR of Germany	91
France	72
IIK	47

If these are calculated according to the average cost of nursing staff, the following figures are obtained:

Belgium	100
Netherlands	68
FR of Germany	63
France	48
UK	40

The order resulting from these indices is not in complete contradiction with the previous order, although the differences recorded are much greater, doubtless because the place of nursing staff in the general hierarchy varies from country to country.

In order to obtain a more precise idea of the nursing staff situation in each hospital, both the rate per bed and average cost of staff must be taken into account.

Belgium has both a high rate per bed and the highest salaries.

The United Kingdom has the highest rate per bed and the lowest average outlay on staff.

The Netherlands have a low rate and high staff costs.

The French hospital has an average rate per bed and very low staff costs.

FR of Germany has a low rate per bed and average staff costs.

Such diversity shows that there is no relation between staff costs and staff numbers.

II. DEPARTMENTAL BREAKDOWN

General medicine

	Belgium ¹	France ²	UK ¹	Netherlands ¹	FR of Germany ¹
Number of beds	120	96	61	51	110
Number of days	44 259	4 999	19 572	12 368	35 992
Average of stay	15.95	16.72	8.5	14.8	19.71
Rate of occupation	101.05	85.36	88.1	66.44	89.64
Admissions	2 774	299	2 313	831	1 826

¹ Figures for 1975

The above figures vary little, except in the case of the average stay in Britain, (which seems very short in comparison with the other hospitals) and of the relatively low rate of occupation in the Netherlands.

The above table shows that the differences noted between the global accounts for each hospital also occur at the level of the departments.

Particular note should be taken of the small percentage of expenditure on medicinal costs in the UK and Germany and the high percentage represented by staff costs in the UK.

On the basis of cost per day, the following figures emerge:

Belgium	BFR	2 572
France	FF	230
UK	UKL	17.78
FR of Germany	DM	144.48

Converted into French francs according to purchasing power parities we obtain:

Belgium	FF	312.40
France	FF	230
UK	FF	211.16
FR of Germany	FF	250.40

² Figures for November and December 1976

Table II

	Bel	Belgium ⁴	Fr	France ²	UK3		FR of	Germany ⁴
Expenditure 1	Total	%	Total	%	Total	%	Total	%
A. Subsistence	9 243		00,		ა 1 0		190	
- Other expenses			141				618	
	15 506	14.08	242	21.69	9 084	15,5	885	19.05
B. Medicinal Costs								
- Medicines	3 883		62		1 395		342	
- Dressing and miscellaneous supplies	827		22		2 004		106	
- Laboratory analyses	8 203		56		545		59	
- Radiology	6 522		41		407		74	
- Special treatment			33		ı		m	
	19 435	17,58	249	22,41	4 351	7.42	584	12,57
C. Renumeration of doctors	8 134	7.39	28	5.22	3 610	6,16	958	20.62
D. Other Staff Costs								
- Medical auxiliaries	21 355		∞				257	
- Nursing staff	29 037		358		20 255		1 060	
- Serving staff			141		12 536		556	
- Administrative staff	8 599		19		. 4 713		241	
- Maintenance and technical	3 009			•	2 363		29	

- Welfare workers							50	
	62 000	56,33	526	47,34	39 867	68.03	2 163	46.57
E. Miscellaneous Expenses	4 986	4.53	37	3,33	1 690	2.88	54	1.16
SUB-TOTAL	110 061	100%	1 111	100%	58 602	100%	4 644	100%
Financial Costs								
- amortization	1 207		6				538	
- loans	2 278		D.					
Taxes and Charges	3 485		14				538	
Investments	280		25				18	
SUB-TOTAL	3 765	3.30	39	3,39			556	10.69
TOTAL	. 113 857	100%	1 150	100%	58 602	100%	5 200	100%
1 Expenditure expressed in '000 units	1000 units of national currency and in units in the case of the UK	nal currer	ncy and in	units in	the case	of the UK		

2 Figures for November and December 1976 3 Figures for 2 typical months of 1975 4 Figures for 1975

The greatest difference is 1 - 1.48 between the UK and Belgium.

Average costs per patient can also be compared:

	National currency	FF
Belgium	41 044	4 985
France	3 846	3 846
UK	176.51	2 096
FR of Germany	2 848	4 935

The greatest difference is 1 - 2.38 between the United Kingdom and Belgium.

The cost per patient considerably reinforces the differences recorded for daily costs. The United Kingdom has both the lowest daily costs and the shortest average stay. Germany, on the other hand, combines the highest unit cost and the longest average stay.

This shows to just how far the average length of stay affects costs.

If the cost per bed/year is taken as the unit of comparison, the following figures are obtained:

	National currency	FF
Belgium	948 808	115 244
France	71 874	71 874
UK	5 766	68 480
FR of Germany	47 272	81 927

The greatest difference is 1.68 as between the United Kingdom and Belgium.

On the basis of operating expenditure proper (i.e. A, B, C, D and E in Table II), we obtain averages that are fully comparable to those set out above, except for Germany where considerable financial costs are included in operating expenditure.

	Daily costs	Cost per patient
Belgium	301.96	4.819
France	222.24	3 715
UK	211.16	2 096
FR of Germany	223.62	4 407

The greatest difference is 1.43 for daily costs and 2.30 for cost per patient, as between the UK and Belgium.

General surgery

	Belgium ¹	France ²	uK ¹	Netherlands ¹	FR of Germany ¹
Number of beds	160	97	84	51	110
Number of days	38 460	3 551	17 916	20 489	35 119
Average stay	10.29	10.03	7.2	15.6	13.78
Rate of occupation	65.85	60.01	59.2	110.07	87.47
Admissions	3 737	354	2 472	1 309	2 549

¹ Figures for 1975

The average length of stay varies widely. They vary more than in general medicine, which is, on the face of it, unexpected. As already noted in general medicine, the average stay in surgery in the UK is far shorter than elsewhere and the rate of occupation is also very low. In the other hospitals, the rate of occupation is generally much lower in surgery than in medicine, except in Germany and the Netherlands.

There is a narrower range than in general medicine of total expenditure on the various items than in general medicine. Medicinal costs, which represented 7.42% - 22.41% in medicine, only range from 10.85% - 17.79% in surgery. Staff costs, which were 46.57% - 68.03% in medicine, range from 46.07% - 60.39% in surgery.

However, if this breakdown is viewed, not from a country to country angle but for each country individually, it emerges that the percentages for surgery and medicine are very comparable.

The daily costs are:

Belgium	BFR	3 063
France	FF	274
UK	UKL	28.96
FR of Germany	DM	161.31

Converted into French francs (at exchange rates), this gives :

Belgium	FF	372
France	FF	274
UK	FF	344
FR of Germany	FF	279

² Figures for November and December 1976

Table III

	Belgium ²	um ²	France ³	ce3	UK1		FR of G	Germany ²
$\underline{\mathtt{Expenditure}}^1$	Total	%	Total	%	Total	%	Total	%
A. Subsistence :								
- Food	8 032		71		2 955		267	
- Other expenses	8 064		155		8 083		618	
	16 095	14.20	226	24.67	11 038	13,20	885	17.32
B. Medicinal Costs:								
- Medicines	3 884		56		2 541		401	
- Dressings and miscellaneous supplies	824		13		5 427		309	
- Laboratory analyses	7 128		56		751	Manus et Manus	63	
- Radiology	5 668		32		359		51	
- Special treatment			36				2	
	17 504	15.45	163	17.79	9 078	10.85	826	16.17
C. Remuneration of Doctors :	6 338	2.60	71	7.75	11 595	13,86	928	18.75
D. Other Staff Costs:								
- Medical auxiliaries	18 670		∞		JD 181		190	
- Nursing staff	35 544		332	.,	24 212		1 207	
- Service staff			98	·	14 697		699	
- Administrative staff	10 223		13		6 358		271	
- Maintenance and technical	3 969				4 702		59	

- Welfare workers							20	
	68 406	66.09	439	47.93	49 969	59.73	2 386	46,7
E. Miscellaneous Expenses:	4 934	4.36	17	1.85	1 972	2.36	54	1,05
SUB-TOTAL	113 277	100%	916	100%	83 652	100%	5 109	100%
Financial Costs:								
- amortization	1 533		30				539	
- loans	2 656		7					
	4 189		37				539	
Taxes and Charges	341		22				18	
SUB-TOTAL	4 530 3.84		59	6.05	=======================================		557	9,83
TOTAL	117 807	100%	975	100%	83 652	100%	5 665	100%
 Expenditure expressed in '000 units of national currency and in units in the case of the UK 2 Figures for 1975 Figures for November and December 1976 Figures for 2 typical months of 1975 	s of nationa 1976 75	ıl currenc	y and in	units in	the case	of the UK		

The greatest difference is 1.52 as between France and Belgium.

The average costs per patient are :

	National currency	FF
Belgium	31 524	3 829
France	2 755	2 755
UK	219	2 601
FR of Germany	2 222	3 851

The greatest difference is 1.48, as between the UK and Germany.

The annual costs per bed vary as follows:

	National currency	FF
Belgium	736 293	89 432
France	60 306	60 306
UK	5 975	70 961
FR of Germany	51 500	89 255

The greatest difference is 1.48 as between France and Belgium.

If the cost per patient and the daily cost is worked out on the basis of A, B, C, D and E in Table III, the following figures are obtained (FF):

	Daily cost	Cost per patient
Belgium	357	3 681
France	258	2 587
UK	344	2 601
FR of Germany	252	3 474

The greatest difference for cost per patient is 1.42, as between France and Belgium and for daily cost 1.41, between FR of Germany and Belgium.

It should be noted that, although daily costs in surgery are higher than in medicine in all hospitals, particularly in the UK, the cost per patient is substantially lower in surgery than medicine in all but the British hospital.

Obstetrics

	Belgium ¹	France ²	UK ¹	Netherlands ¹	FR of Germany ¹
Number of beds	43	30	62	-	47
Number of days	9 250	1 014	14 258	2 994	16 383
Average stay	11	9.39	6.6	7.4	11.28
Rate of occupation	58.94	55.41	63	-	95.50
Admissions	841	108	2 148	400	1 453

¹ Figures for 1975

It is clear that the average stay in obstetrics varies as much as in surgery or medicine. Here again, the United Kingdom has the shortest stay.

With the exception of Germany, where the rate of occupation is particularly high, the obstetrics departments are functioning at about half capacity.

Staff costs (excluding remuneration of doctors) range from 41.49% to 71.74% of total expenditure. Similarly, doctors' remuneration ranges from 3.53% to 17.55%.

Expenditure on treatment is proportionately less in obstetrics than in surgery or medicine.

The daily costs are:

	Belgium	BFR	4	215	
	France	FF		275	
	UK	UKL		25.39	
	FR of Germany	DM		137.69	
In FF, this amounts	s to:				
	Belgium	FF		511.96	
	France	FF		275	
	UK	FF		302	
	FR of Germany	FF		238.63	١

The greatest difference is 1.86.

The daily costs are higher here than in medicine in all hospitals except the German one. On the other hand, they are higher than in surgery in Belgium, equal to surgery in France and lower than surgery in the UK and Germany.

² Figures for November and December 1976 (maternity plus obstetrics - which accounts for some 10% of total number of days).

Σ	
Je	
$_{ m Tab}$	l

Expenditure	Be]	Belgium ²	Fra	France ³	UK4		FR of G	Germany ²
	Total	%	Total	%	Total	%	Total	%
A. Subsistence	2 056		20		2 322		110	
- Other expenses			44			, ,	256	
	5 465	14.76	64	24.06	8 294	13.86	366	18,02
B. Medicinal Costs								
- Medicines	1 645		11		1 028		178	
- Dressings and misc. supplies	2 382		7		3 511		96	
- Laboratory analyses	1		Н		522		10	
- Radiology	ı		1		13		20	
- Special treatment	I		4		4		7	
	4 027	10.88	18	6.77	5 107	8.54	311	15.31
C. Remuneration of Doctors	4 835	13.06	20	7.52	2 114	3.53	396	19.50
D. Other Staff Costs								
- Medical auxiliaries			56		9 105		49	
- Nursing staff	16 633		48		16 590		411	
- Service staff			49		10 153		329	
- Administrative staff	362				4 522		127	

- Maintenance and technical	1 660				2 543		12	
- Welfare workers							α	
	19 255	52.01	153	57.52	42 913	71.74	936	46.03
E. Miscellaneous expenses	3 439	9.29	11	4.13	1 394	2.33	22	1.08
SUB-TOTAL	37 021	100%	266	100%	59 822	100%	2 031	100%
Financial Costs			((
- Amortization	1 035		0				523	
- loans	930							
	1 965		9				223	
Taxes and Charges			7				7	
Investments								
SUB-TOTAL	1 965	5.04	13	99°7			230	10.19
TOTAL	38 986	100%	279	100%	59 822	100%	2 256	100%
1 Expenditure expressed in '000 units of national currency and in units in the case of the UK 2 Figures for 1975	of natic	nal currer	icy and in	units in	the case	of the UK		
Figures for Figures for	.976 '5							

Average costs per patient are :

	National currency	FF
Belgium	46 365	5 631
France	2 585	2 585
UK	185.21	2 200
FR of Germany	1 552.55	2 690

Here again, the differences in average cost per patient are considerable. Particular note should be taken of the relatively high figures in Belgium, where costs are 2.56 times those in the UK;

Calculated on the basis of operating expenditure alone, i.e. items A, B, C, D and E of Table IV, these figures become (in FF):

	Daily cost	cost per patient
Belgium	486	5 346
France	262	2 463
UK	302	2 200
FR of Germany	214	2 422

The difference in daily costs remains very considerable, ranging from 1 in the FR of Germany to 2.27 in Belgium. The cost per patient, however, is completely homogenous in the case of France, the UK and the FR of Germany. This cost is much higher in Belgium because this hospital has the highest daily $\cos t^1$ and the longest average stay.

¹ The Belgian department is in a teaching hospital, which partly explains the high daily costs

Rate of nursing staff to beds

General medicine

	Belgium	France	UK	Netherlands	FR of Germany
Nurses	0.162	0.197	0.41	0.224	0.127
Nursing assistants	0.320	0.229	0.09	,	0.07
Medical auxiliaries	0.004	0.01	-		0.051
Administrative nurses.	0.033	0,031	0.02		0.06
Students	-	-	0.28		_
Doctors	0.192	0,083	0.06		0.12

¹ Average for the whole hospital

The index for nurses is similar in Belgium, France and Germany. It is much higher in the UK. However, if nurses and nursing assistants are added together, very comparable figures are obtained for Belgium (0.482), France (0.426) and the United Kingdom (0.50). The index for Germany, on the other hand, is low (0.20).

There is also considerable variation as far as density of doctors is concerned. However, this is largely due to the fact that some doctors do not work full-time at the hospital and are not counted in its staff.

Surgery

	Belgium	France	UK	Netherlands	FR of Germany
Nurses	0.144	0,123	0.22	0.207	0.13
Nursing assistants	0.290	0.278	0.03		0.04
Medical auxiliaries	0.004	0.010	-		0.07
Administrative nurses.	0.031	0.020	0.02		0.06
Students	-	-	0.23		-
Doctors	0.150	0.030	0.09		0.14

There tend to be fewer nursing staff per bed here than in general medicine.

The indices for nurses plus nursing assistants are very similar in Belgium (0.434) and France (0.401). The German hospital has a low index (0.170) as it did in medicine. The British hospital has a fairly low index (0.250) for surgery, which was not the case for medicine.

Obstetrics

	Belgium	France	UK	Netherlands	FR of Germany
Nurses	0.0851	_	0,22	0.288	0,065
Nursing assistants	0.89	0.20	0.25		0.06
Medical auxiliaries and midwives	_	0.166	0.17		0.05
Administrative nurses.	0.05	-	0.05		0.06
Students	-	-	-		-
Doctors	-	0.033	0.03		0.14

 $^{^{1}}$ Nurses and midwives

The total of the indices for nursing staff (nurses + nursing assistants + midwives) to beds is 5.5 times higher in Belgium than in Germany. It is nearly three times higher than in France, but only $1\frac{1}{2}$ time higher than that of the UK.

It is surprising to find such variation in the obstetrics department which are certainly homogenous from a technical point of view.

Morbidity

The statistics for patients treated present no marked anomalies. On the contrary, they reveal a certain homogeneity in the activities of the various hospitals.

However, there are important differences in certain cases:

- (i) cancer : the range is from 2.5% of total cases in Belgium to 11.06% in the UK;
- (ii) respiratory diseases: the range is from 3.2% of total cases in the FR of Germany to 11.92% in Belgium;
- (iii) cardiovascular ailments : the German percentage is high;
- (iv) abdominal complaints: the rates for the UK (28.43%) and FR of Germany (28.34%) are high;
- (v) traumatology and accidents: the range is from 8.40% in the UK and 21.7% in France.

These differences certainly do not reflect differences in actual morbidity in the populations concerned. They may arise from classification according to somewhat divergent criteria: for example, there are three times fewer abdominal ailments in the French hospital than in the English one, but the opposite is true of traumatalogy and accidents and many cases can be classified under either heading. Another reason may be doctors' specialities or how the hospital fits in with other hospitals in its area.

	Be1	Belgium		France	J.c.e			UK			[±,	FR of Ge	Germany	
	Total	%	Med.	Surg.	Total	%	Med.	Surg.	Total	%	Med.	Surg.	Total	%
in dI	36	3.61	6	1	6	0.98	17	Э	20	2.80	16	9	22	2,51
Cancer	25	2.50	49	27	76	8.24	20	59	79	11.06	25	54	79	9.03
Endocrinology/ metabolism	33	3.31	69	ł	69	7.48	7 82	2	30	4.20	34	6	43	4,91
Neuro/psychiatry	61	6.11	81	ı	81	8.79	16	1	16	2.24	16	20	36	4.11
Opthalmology	28	2.81	Н	ı	1	0.11	ı	ı	1	ı	ı	ı	I	ı
Otology	2	0.5	1	1	1	ı	1	ı	1	1	1	ı	ı	ı
Cardiology and vascular ailments	124	12.42	117	24	141	15,3	80	59	109	15.27	115	85	200	22.86
Respiratory diseases .	119	11.92	29	ı	29	7.27	35	ı	35	4.90	27	П	28	3.2
Stomatology	22	2,20	ı	ı	ı	ı	⊣	ı	Н	0.14	ı	l	1	1
Abdominal complaints .	130	13.03	31	99	6	10.52	19	184	203	28,43	28	190	248	28,34
Pancreas	4	0,4	ı	ı	ı	ı	ı	ı	ı	ı	ı	1	ı	ı
Nephro-urology- gynaecology	97	9,72	14	100	114	12,36	8	34	36	5,04	16	31	47	5.37
Traumatology/accidents	145	14.53	ı	200	200	21.7	57	က	09	8.40	32	63	92	10,86
Dermatology	36	3,61	2	2	4	0.43	4	ω	12	1,69	ı	16	16	1,83
Osteology and connective tissues	20	5,01	21	ı	21	2.28	7	Н	80	1.12	6	10	19	2.17
Miscellaneous	83	8.32	-	42	42	4.56	47	59	106	14.85	21	21	42	4.8
	866	100%	461	461	922	100%	332	382	714	100%	698	909	875	100%
			96 beds	37 beds	193 beds		61 beds	84 beds	145 beds		110 beds	110 beds	220 beds	

Table V

	Belgium	France	UK	Nether- lands	FR of Germany
Average length of stay (days)					
- all departments	11.85	12.9	8.6	13.4	14.6
- general medicine	15.95	16.72	8.5	14.8	19.71
- general surgery	10.29	10.03	7.2	15.6	13.78
- obstetrics	11	9.39	6.6	7.4	11.28
Average cost per bed/year (FF on basis of purchasing power parities)					
- all	96 081	56 440	73 545	87 916	86 654
- general medicine	115 244	71 874	68 480	-	81 927
- general surgery	89 432	60 306	70 961	-	89 255
- obstetrics	110 124	55 800	68 755	_	83 188
Average daily cost ² (as above)					
- all	329	161	287	298	274
- general medicine	301.96	222.24	211.16	-	223.62
- general surgery	357	258	344	-	252
- obstetrics	486	262	302	-	214
Average cost per patient ² (as above)					
- all	3 919	3 051	2 482	3 995	4 002
- general medicine	4 819	3 715	2 096	-	4 407
- general surgery	3 681	2 587	2 601	-	3 474
- obstetrics	5 346	2 463	2 200	_	2 422

¹ On basis of total expenditure On basis of operating expenditure only

General remarks

Overall, the data reveal that there are many, substantial differences between the various hospitals and that they have a number of points in common.

The size of the hospitals, their technical capacity and their place in the general medical structures are similar enough not to involve systematic or important distortion of the elements of comparison used.

A detailed examination of the various indices, however, reveals marked differences (Table V).

At the level of the hospitals, for example, the rate of annual expenditure to number of beds varies from 1 to 1.7. An analysis of expenditure per item shows that the relative importance of each varies substantially, often from 1 to 2.5.

The same is true of staff numbers.

The comparisons between the three departments – general medical, surgery and obstetrics (which are more homogeneous than the hospitals as a whole) produce similar results. One cannot but be surprised that in medicine the greatest difference in daily costs is only 1.48, although the cost per patient in Belgium is almost $2\frac{1}{2}$ times what it is in the UK. In surgery, the daily cost varies from 1 in France to 1.52 in Belgium and the cost per patient from 1 in the UK to 1.48 in the FR of Germany. In obstetrics, the greatest difference in daily costs is 1.86 and the cost per patient varies between 1 in the UK and 2.56 in Belgium.

Stays in all departments in the British hospital are far shorter than elsewhere. Its costs per patient are also low, although daily costs are average. Belgium has the highest daily rates and the shortest stays (except in obstetrics, where they are long). The FR of Germany has some of the highest daily costs and longest stays. France is average, except for daily costs which are low. In addition, a comparison of ailments treated shows that the technical activity of the Belgian, French, German and British hospitals is very much the same.

Ultimately, it can be considered that the variations in costs - which seem to be quite genuine - are partly due to the functioning of the hospitals, since certain prices (medicines, material, staff salaries, food etc.) are of course beyond the control of the management authorities and can lead to substantial differences from one country to another.

But there is another important factor which has what is undoubtedly a major effect on the overall cost of hospitalization, and that is the conception of hospital care. This affects staff numbers, length of stay and expenditure on the treatment proper. The hospital philosophy of each country, (or even region) certainly has considerable economic consequences.

Part II

REGIONAL HOSPITALS

I. GENERAL

Legal status

The hospitals in all five countries are public institutions.

General information

All data are for 1975.

	Belgium	France	UK	Nether- lands	FR of Germany
Number of beds	1 375	1 320	692	574	1 976
Number of admissions	22 252	37 306	16 951	9 507	35 106
Number of days	362 016	391 722	198 326	170 862	568 725
Average stay	16.26	12.50 ²	11.7	18	16.8
Rate of occupation	72.1	83.13	78.52	81.6	78.9

 $^{^{1}}$ The whole hospital contains 3 492 beds. The national report only based the various cost analyses that follow on 1 320 beds

Hospital capacity varies from ${\bf 1}$ to 4, which is considerable and may substantially affect results.

The indices for rate of occupation are very similar.

The average stay varies from 1 in the UK to 1.54 in the Netherlands.

Or 10.5 days if the renal dialysis unit is taken into account

³ Or 13.3 days if neuro/psychiatry is excluded.

Technical details

The range of technical activities is wide, but varies from one hospital to another. This may considerably affect comparability of data.

	Belgium	France	UK	Netherlands ¹	FR of Germany
General medicine	322	313	113	143	436
General surgery	495	247	194	100	384
Obstetrics	43	104	34	_	-
Paediatrics	208	300	15	22	312
Premature baby unit .	24		-	-	-
Neuro/psychiatry	112	-	43	51	_
ICU	36	-	_	-	82
Orthopaedic/reeducation unit	135	_	44	25	_
Cardiology	-	175	25	18	-
Urology	-	72	-	13	110
Dialysis	-	12	-	-	-
ENT	-	97	41	7	94
Rheumatology	-	-	7	2	-
Stomatology	-	-	10	3	69
Gynaecology		-	21	61	202
Dermatology	-	-	10	13	120
Ophthalmology	-	-	13	4	106
Radio therapy and physiotherapy	-	-	70	-	52
Geriatrics	-	-	38	-	-
Miscellaneous	-	-	14	4	-

 $^{^{1}}$ Average number of beds occupied

Outpatients

The Dutch hospital held 82 329 consultations for outpatients. There were 48 567 consultations in France, 198 000 in the UK and 138 336 in Belgium.

Overall expenditure

Total expenditure (operation and investments combined) was :

Belgium	BFR	1	702	300	000
France ¹	FF		225	621	000
UK	UKL		8	461	788
Netherlands	HFL		34	983	463
FR of Germany	DM		123	931	357

Converted into FF at official rates, this amounts to :

Belgium	FF	192	764	000
France	FF	225	621	CO0
UK	FF	78	348	000
Netherlands	FF	58	063	839
FR of Germany	FF	211	848	000

Taking purchasing power parities into account, the figures become :

Belgium	FF	206	765	000
France	FF	225	621	000
UK	FF	100	498	000
Netherlands	FF	63	838	000
FR of Germany	FF	214	785	000

This makes the annual cost per bed :

Belgium	FF	150 375
France	FF	170 925
UK	FF	113 219
Netherlands	FF	101 156
FR of Germany	FF	107 210

The range between the two extreme countries (France and Netherlands) is 1 to 2.03.

 $^{^{1}}$ This expenditure corresponds to the 1 320 beds on which the national survey was based. Expenditure for the full complement of beds was FF 677 891 000

Table VI (in '000 units of national currency)

	Belgium	mn	France	eo	UK		Netherlands	nds	FR of Ge	Germany
	Total	%	Total	%	Total	%	Total	%	Total	%
A. Subsistence	53 877	3,29	5 899	4.04	155	1.81	879	3.01	3 559	2.97
- Other expenses	173 960	10.62	5 756	3.94	787	9.20	933	3.20	14 535	12.11
	227 837	13:91	11 655	7.98	942	11.01	1 812	6.21	18 094	15,08
B. Medicinal Costs - Medicines	53 806	3.28	8 515	5.83	218	2,55	I	ı	9 444	7.87
- Dressings and miscellaneous supplies	i	ı	1 123	0.77	476	5.56	ı	I	4 887	4.07
- Laboratory analyses	ı	ı	3 947	2.70	225	2.63	ı	ı	4 023	3,35
- Radiology	ı	ı	1 872	1.28	127	1.48	ı	1	579	0.49
- Special treatment	1	ı	3 228	2.21	ı	ı	ı	1	ı	ı
- Other	ı	1	ı	ı	ł	ı	ı	ı	-	1
	53 806	3.28	18 665	12.79	1 046	12,22	2 259	7,74	18 933	15.78
C. Renumeration of Doctors.	423 080	25.83	14 824	10.15	816	9.54	1 517	5,19	30 056	25.05
D. Other Staff Costs - Remuneration of medical										
nurses	ı	ı	7 101	4.86	47	0.55	3 202	10,96	1	1
- Nursing staff	473 272	28.90	35 628	24.40	2 450	28.63	11 735	40,19	24 223	20.19
- Serving staff	1	ı	10 989	7.52	1 556	18.19	4 563	15,63	15 812	13.18

3.30	1.16	1	37.83	6.25	100%		3.18	ı	3.18	0.01	ı	3.19	100%
3 961	1 401	ı	45 397	7 495	119 975		3 941	ı	3 941	15	1	3 956	123 931
8.70	1.88	ı	77.37	3.49	100%		9.47	4.36	13.83	ı	5.09	18.92	
2 541	549	ı	22 590	1 019	29 197		3 410	1 569	4 979	1	1 835	6 814	011
8.47	4.66	1	60.50	6.72	100%		ı	ı	I	ı	ı	1	
725	399	ı	5 177	575	8 556		ı	١	ı	ı	1	1	
5.92	9.59	0.24	52,53	16.54	100%		3.38	1.02	4.40	1.82	5,29	11.51	~
8 651	14 005	350	76 724	24 154	146 042		5 591	1 695	7 286	3 008	8 743	19 037	
7.12	20.94	1	56.96		100%		0.75	3.05	3.80	ı	ı	3.80	
116 636	342 938	ı	932 846		1 637 570		12 792	51 938	64 730	1	ŀ	64 730	1 702 300
- Administrative staff .	- Maintenance and technical	- Welfare workers		E. Miscellaneous Expenses .	SUB-TOTAL .	Financial Costs	- amortization	interest and loan repayments		Taxes and Charges	Investment expenditure covered by hospital	SUB-TOTAL .	TOTAL .

1 Expenditure corresponding to 1 320 beds

Operating expenditure

To avoid any distortion, the same comparison should be made on the basis of operating expenditure alone $^1\cdot$ This gives :

Belgium	BFR	1	637	570	000
France ²	FF		165	079	665
UK	UKL		8	461	786
Netherlands	HFL		28	150	871
FR of Germany	DM		119	990	000

Into French francs (purchasing power parities), the figures become :

Belgium	FF	198 900 000
France	FF	165 079 665
UK	FF	100 498 000
Netherlands	FF	51 368 000
FR of Germany	FF	207 955 000

This gives an annual cost per bed of:

Belgium	FF	144 654
France	FF	125 059
UK	FF	145 228
Netherlands	FF	89 491
FR of Germany	FF	105 240

Daily costs and the cost per patient can be calculated on the same bases :

	Daily cost	Cost per patient
Belgium	FF 549	FF 8 938
France	FF 421	FF 4 425
UK	FF 506	FF 5 928
Netherlands	FF 301	FF 5 403
FR of Germany	FF 366	FF 5 923

¹ These figures include expenditure on outpatients attendances in the French, Dutch and German hospitals

 $^{^2}$ Operating expenditure for the 1 320 beds. expenditure for the whole hospital was FF 495 989 000

A comparison of the two tables above is enough to show the effect of length of stay on the overall cost of hospitalization.

The scale ranges from 1 to 1.6. It should be emphasized that the existence or absence of certain departments 1 may involve variations in costs according to the intensity or the technical aspects of the treatment normally provided.

The balance of income and operating expenditure are as follows :

- In the French hospital, income is FF 457 million, equal to 92% of expenditure.
- In the Netherlands, income and expenditure are equal.
- The German hospital had income of DM 98 091 000 or 81% of expenditure.

The biggest outlay is on staff, which accounts for between 37.83% and 77.37% of operating expenditure. The remuneration of doctors can account for as much as 25% of this expenditure.

It is surprising to see that treatment costs, which are only 3.28% in Belgium and 7.74% in the Netherlands, are as much as 15.78% in Germany and 12.79% in France.

To avoid distortion due to company percentages, expenditure for each of the four entries, A, B, C and D will be converted into French francs (on the basis of purchasing power parities) for the purposes of comparison (FF'000):

	Subsistence	Medicinal costs	Remuneration of doctors	Staff costs
Belgium	27 673	6 535	47 950	113 305
France 1	11 665	18 665	14 824	76 724
UK	11 187	12 422	9 691	61 484
Netherlands	3 307	4 122	2 768	41 222
FR of Germany	31 358	32 812	52 090	78 677

 $^{^{1}}$ 1 320 beds

¹ It should be noted that neither the German, nor the Dutch hospital, unlike the other four establishments, is a university hospital

This gives annual costs per bed of :

	Subsistence	Medicinal costs	Remuneration of doctors	Staff costs
Belgium	20 125	4 752	34 872	82 403
France	8 837	14 140	11 230	58 124
UK	16 166	17 951	14 004	88 850
Netherlands	5 761	7 181	4 822	71 815
FR of Germany	15 869	16 605	26 361	39 816

Once again there is considerable variation in items. Particular attention should be paid to the very low subsistence costs in the Dutch hospital, the very high cost of treatment in France, the high cost of doctors' remuneration in Belgium and the relatively low rate of staff costs in Germany.

Staff numbers

Table VII shows that indices for nursing staff are fairly similar in Belgium, France and the UK, and that the indices for the Netherlands and the FR of Germany are the lowest. The differences are considerable when the total number of staff employed is taken into account.

Table VII

	All catego		Nu	rses		rsing	1	ical ili- es	tra	ninis- ation rses	1	octors
	Т	per bed	Т	per bed	Т	per bed	Т	per bed	Т	per bed	Т	per bed
Belgium ⁶	2 095	1.52	789	0.57	128	0.093	-		_		368	0,27
France 7			415	0.31	456	0,35	58	0.04	51	0.04	107 ²	0.081
UK	2 216	3. 20	418 ⁵	0.61	27	0,01			21	0.03		
Netherlands	557 ³	0,97	166	0.29	33	0.06	90	0.16	-		375 ⁴	0,06
FR of Germany	2 476 ⁸	1. 25	628	0.32	209	0, 11	40	0.02	91	0.05	233	0.117

^{*}Excluding students

^{2&}lt;sub>WTE</sub>

³Excluding students

⁴Including average number non-salaried specialists

⁵Plus 530 student nurses - 0.77 per bed

⁶Polyclinic staff excluded

 $^{^{7}}$ Figures for 1 320 beds. Total staff in the whole establishment are 5 845 for 3 492 beds, i.e. 1,67 per bed

⁸Including student nurses, WTE

Nursing staff work the following hours per week:

Belgium 40 hours
France 40 hours
UK 40 hours
Netherlands 40 hours
FR of Germany . . . 40 hours

If nurses and nursing assistants are taken together, the following rates of attendance per bed are obtained:

 Belgium
 ...
 0.663

 France
 ...
 0.66

 UK
 ...
 0.64

 Netherlands
 ...
 0.35

 FR of GERMANY
 ...
 0.43

Although the range of indices is wide, it is nevertheless narrower than in the general hospitals (see page 21).

Since density of nursing staff is an important factor as far as both hospital costs and conception of care is concerned, we looked at whether the various findings for the five hospitals in the sample recurred at national level; (all general hospitals combined). Indices are as follows(excluding students);

 Belgium
 ...
 0.475

 France
 ...
 0.534

 UK
 ...
 0.66

 Netherlands
 ...
 0.476

 FR of Germany
 ...
 0.42

REMUNERATION OF NURSING STAFF

The average monthly salary of nurses and nursing assistants in Belgium is BFR 43 000.1

The average monthly salary in France (including social security contributions) is FF $3\,562$ for nurses and FF $3\,112$ for nursing assistants.

In the Netherlands the figure is HFL 3 410 for registered nurses and HFL 2 060 for nursing assistants.

In the FR of Germany, the average monthly salary for nurses and nursing assistants is DM 2 412.

 $^{^{1}\}mathrm{This}$ figure is lower than the one given by the Belgian general hospital

In the United Kingdom, registered nurses get UKL 273 per month and nursing assistants UKL 209.

Converted into French francs (on the basis of purchasing power parities), this becomes:

Belgium FF 5 223

France FF 3 562 and FF 3 112

Netherlands . . . FF 6 222 and FF 3 759

FR of Germany . . FF 4 176

UK. FF 3 242 and FF 2 482

Here again the differences are similar to those for the general hospitals.

II. DEPARTMENTAL BREAKDOWN

General Medicine

	Belgium	France	UK	Netherlands	FR of Germany
Number of beds	322	313	113	_	400 ¹
Number of days	101 125	102 101	31 372	52 179	118 661
Average stay	17	17.85	12.4	28.9	22
Rate of occupation (%) .	86	90.22	76.1	_	81.3
Admissions	5 949	5 720	2 530	1 804	5 393
¹ Including cardiology, renal dialysis and ID					

There is a very great difference between the average stays in Belgium and France on the one hand and the Netherlands and Germany on the other. The average stay in the UK is much shorter than elsewhere.

In the following table on costs the figures are in FF, due account having been taken of purchasing power parities :

Belg		Netherlands	FR of Germany
per day	606.46	303.8	370.6
per patient	10 310.7	8 795	8 154

The range for daily costs in 1-2 and for costs per patient 1-1.26.

Table VIII (in national currency)

Expenditure	Belgium	Netherlands	FR of Germany	
			Total	%
A. <u>Subsistence</u>				
- Food Other expenses			791 975 2 067 352	3.12 8. 1 5
			2 859 000	11.27
B. Medicinal costs				
MedicinesDressings and			2 105 000	8.30
miscellaneous supplies Laboratory analyses. Radiology			976 000 1 515 000	3.85 5.97
- Special treatment			18 295	0,07
			4 614 300	18,19
C. Remuneration of doctors			2 616 000	10,31
D. Other staff costs				
Remun. of med. aux.Nursing staffService StaffAdministrative staffMaintenance and			1 205 000 4 341 000 1 733 000 214 000	4.75 17.10 6.83 0,84
technical			- -	-
			7 493 000	29,52
Financial costs				
- Amortization Interest and loan repayments				
			332 000	1.30
Taxes and charges				
Investment expenditure		;		
covered by hospital Miscellaneous			7 468 000	- 29.43
TOTAL			25 373 300	100%
Cost per day	4 993.45	166.67	213.83	
Cost per patient	84 888	4 820.69	4 704.86	

Table IX (in national currency)

	Belgium Netherlands		FR of Gern	nany
			Total	%
A. Subsistence - Food			341 112 981 146	2.42 6.96
			1 322 248	9.38
B. Medicinal costs - Medicines - Dressings and			1 526 076	10.83
miscellaneous supplies - Laboratory analyses - Radiology Special treatment			1 546 462 288 037 232	10.97 2.04 0.02
			3 360 800	23.86
C. Remuneration of doctors			1 237 012	8.77
D. Other staff costs - Remuneration of 'medical aux - Nursing staff - Service staff - Administrative staff - Maintenance and technical - Welfare workers			912 480 2 261 496 785 683 95 596	6.47 16.04 5.57 0.68
Financial costs - Amortization interest and loan repayments			4 055 255 143 475	1.02
Taxes and charges			140 475	1.02
Investment expenditure covered by hospital				
Miscellaneous			3 977 665	28.22
TOTAL .			14 096 455	100%
cost per day cost per patient	4 727.49 94 549.8	178.87 3 163.82	249.86 4 377.78	

General sugery

	Belgium	UK	Netherlands	FR of Germany
Number of beds	495	157		203
Number of days	133 017	45 619	36 631	56 417
Average stay	20	10.8	17.7	16
Rate of occupation(%).	73.6	80.1	-	76.20
Admissions	6 651	4 224	2 071	3 220

Lengths of stay are similar except in the UK where they are very much shorter than elsewhere.

The information provided enables a comparison to be made of costs per day and per patient for three countries (in FF):

	Per day	Per patient
Belgium	574.2	11 484.3
Netherlands	326	5 767.4
FR of Germany	433	7 587.1

The range is from 1 to 1.76 for daily rates and 1 to 1.99 for costs per patient.

Table X

	Poloium Pu				
	Belgium	France	UK	Nether- lands	FR of Germany
Average stay (days)					
- All	16.26	12.50	11.70	18.00	16.80
- General medical	17.00	17.85	12.40	28.90	22.00
- General surgery	20.00	15.57	10.80	17.70	16.00
Average cost per bed/year ¹ (FF at purchasing) power parity					
- All	144 654	125 059	145 228	89 491	105 240
Average daily cost ¹ (as above)					
- All	549.00	421.00	506.00	301.00	366.00
- General medical	606.46			303.80	370.60
- General surgery	574.20			326.00	433.00
- Paediatrics	530.00	439.97		274.11	389.20
- Obstetrics	523.00			322.70	332.74
Average cost per patient (as above)					
- All	8 938.00	4 425.00	5 928.00	5 403.00	5 923.00
- General medical	10 310.70			7 803.50	8 154.00
- General surgery	11 484.30			5 767.40	7 587.10
- Paediatrics	6 894.00	7 662.09		7 747.00	6 291.13
- Obstetrics	3 663.00			3 358.00	3 944.00

¹ Based on operating expenditure

Specialized departments

The information available enables daily costs and cost per patient in a number of departments to be compared $^{\!1}\!:$

	Belgium	France ¹	Netherlands	FR of Germany
Pediatrics				
- per day	4 366 (530)	439.97	150.38 (274.11)	224.80 (389.2)
- per patient	56 758 (6 894)	7 662.09	4 250.16 (7 747)	3 633.76
Obstetrics- Gynaecology				-
- per day	4 309 (523)		176.85 (322.7)	192.19 (332.74)
- per patient	30 163 (3 663)		1 840.34 (3 358)	2 277 . 86 (3 944)
ENT				
- per day		353.08	277.05 (505)	214.14 (370.74)
- per patient		2 514.74	962.8 (1 757)	2 861.66 (4 955)

 $^{^{}m 1}$ Pediatrics and premature unit. Figures for the period 1 April to 31 May 1976

Here again, the range for daily costs is 1-2. However, the range for costs per patient is much shorter, just as if length of stay was inversely proportional to daily cost.

¹The figures in brackets are the cost in French francs at the rate of purchasing power

Numbers of staff

Staff in the various departments can be compared in a number of ways :

Number per bed

	Belgium	France	Netherlands	FR of Germany
	Deigiam	Trance —	ne oner rands	The of definally
General medicine				
nurses	0.6	0.46	0.266	0.28
nursing assistants .	0.08	0.51	-	0.08
General surgery				
nurses	0.6	0.47	0, 257	0, 26
nursing assistants .	0.08	0,61		0.13
Obstetrics				
nurses	0.46	0.36	0.304	0.33
nursing assistants .	0.13	0.67		0.03
<u>Pediatrics</u>				
nurses	J.54	0,51		0.52
nursing assistants .	0.017	0.49		0.03
Prem. unit				
nurses				-
nursing assistants .				_
Ent				
nurses		0,32		0.37
nursing assistants .		0.41		0.05

In some cases, particular specializations will involve a clear difference in staff density although in others there is no noticeable difference.

In any case, the country-to-country differences in specialized services are very similar to those found at the level of the hospitals themselves. So beyond the particular specialization of the various departments, the usual standards of staff density still hold good.

General remark

It is regrettable that the peculiarities of hospital accounts prevented us from obtained further details of the running of regional hospitals.

However, the available figures show the permancy of considerable differences as far as all indices of comparison are concerned.

The range is 1.54 for average lengths of stay; 1.62 for the cost bed/year, 1.82 for daily costs and 2.02 for cost per patient.

Generally speaking, the unit costs are low in the Netherlands, although long average stays push up the costs per patient somewhat.

The same is true of the FR of Germany, although costs are slightly higher.

The UK has the highest bed/year costs, although, given the short average stay, the cost per patient is also average.

The French hospital is average.

However, Belgium has the highest indices more or less everywhere.

FINAL REMARKS

The comparative analysis of hospital expenditure carried out by the experts should not be considered as fully mathematically rigorous throughout. It was not always possible to find a common denominator for national peculiarities and anomalies recorded here and there may be more apparent than genuine.

Nevertheless, the comparisons provide perfectly valid information on relative size and trends.

It is clear that the costs of hospitalization vary considerably from one country to another, even when the hospitals in point are very similar and meet the same sort of public health needs.

A comparison of the data for each of the two hospitals from each country is a means of discovering whether constant national features exist.

In both cases in Belgium, the length of stay is average whereas costs are often the highest.

In many cases, the French hospitals have the lowest cost indices and average indices for other items.

Each British hospital has the lowest index for length of stay. However, costs are relatively different from one hospital to another — the general hospital has some of the lowest costs whereas the regional hospital has high costs.

The average length of stay in the Netherlands is, in both cases, at the top end of the range and the cost indices for the regional hospital are the lowest and for the medium-sized hospital the highest.

There is a much lesser clearer pattern in the FR of Germany. The lengths of stay are among the longest, although costs are average — except for the cost per patient in the medium—sized hospital, which is at the top of the scale.

It would perhaps have been interesting to compare these data obtained from a limited number of establishments to global figures for all hospitals (collected in the 1972 survey).

The two series of indices for lengths of stay match perfectly. The Netherlands and Germany have the longest stays, France is average and Belgium and the UK have the shortest stays.

Unfortunately, national cost indices are not available and so cannot be compared with those produced by this report.

The situation as regards cost of the main items of operating expenditure (subsistence, medicinal costs, doctors and staff) may vary widely from one hospital to another within the same country.

Indices for subsistence are high in both hospitals in Belgium, very low in the Netherlands and average in France. In the FR of Germany, on the other hand, the cost of subsistence is the highest in the general hospital and among the lowest in the regional hospital. The opposite is true of the UK.

Medicinal costs are average in both types of hospital in the Netherlands and the FR of Germany, although they vary considerable from one country to another in the three other countries.

Doctors' remuneration represents a constantly high percentage in the FR of Germany and Belgium and an average one in France. In the UK the percentage is fairly high in the medium-sized hospital and low in the regional hospital.

Staff costs are more homogenous in both categories of hospital. They are high in Belgium, low in France and the FR of Germany and high or average in the UK and the Netherlands. A comparison of the indices for cost of staff per bed and number of staff per bed reveals that there is no systematic correlation between the two series, except in Belgium and to a lesser extent, the FR of Germany. This reflects the effect of the salaries paid to nursing staff (which, as we have seen, vary considerably).

This leads to the conclusion that the analysis of the costs of hospitalization, at micro-economic level, does not yield any 'model' for a hospital. The diversity of results (overall and intermediate costs) makes it impossible logically to deduce any economic significance.

There is only one lesson to be learned — and it is an important one — is that there is no standard type of hospital management that could be used as a reference.

Doubtless the various findings are partly due to methods of management which are more or less rigorous and more or less efficient. However, there is nothing to suggest that the quality of management is the deciding factor as far as existing differences are concerned. It is much more likely that these differences reflect different conceptions at national level of the usefulness of having recourse to the hospital for treatment (density of beds, rate of admissions) and different conceptions at hospital level as to what treatment is the most effective (length of stay, staff density - prescriptions etc.).

The optimum level of hospital treatment is, as things stand, very much a question of subjective assessment and social tradition. Only studies of identical individual pathological cases, carried out simultaneously in various establishemnts of different nationality would enable an assessment to be made of the obviously indivisible, cost and effectiveness of different practices.

Nevertheless, a careful study based on the analyses contained in this report could enable those who run hospitals to adopt a more critical attitude to certain methods currently employed.

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Luxembourg: Office for Official Publications of the European Communities

1979 - 68 p., several tables - 17.6 x 25.0 cm

Collection Studies, Social Policy Series - 1979 - 39

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ISBN 92-825-0969-9

Catalogue number: CB-NN-78-039-EN-C

BFR 250 DKR 44 DM 16 FF 36,50 LIT 7 100 HFL 17,20 UKL 4 USD 9

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