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**GLOBAL  
AGING  
DATA**

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# Gateway Policy Explorer: Retirement Series

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## United Kingdom

### Public Old-Age Health Insurance Plan Details

**1992-2020**

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## Preface

This document is intended for researchers who want to understand the evolution of policy or the policy in place at a particular point in time. This document is not intended for financial advice or to aid in decision-making. The authors have made significant effort to identify and collect historical information pertaining to these policies, to accurately represent these policies, and to communicate how policies may interact to determine legal requirements, eligibility for benefits, and/or benefits levels. The policies presented in this document focus on rules applicable to most individuals aged 50 and older from 1992. Many systems include special policies or alternative eligibility rules for specific groups. We encourage all users to complete their own review of literature in this area depending on the research questions they have in mind.

If you have feedback or questions or identify an error, please contact [policy@g2aging.org](mailto:policy@g2aging.org).

## Background — Gateway Policy Explorer: Retirement Series

The *Gateway Policy Explorer* (<http://g2aging.org/policy-explorer>) is part of the Gateway to Global Aging Data (<http://g2aging.org>) project. The *Retirement Series* captures historical policy that affects the birth cohorts of respondents in the surveys covered by the Gateway. It was motivated by the rapid evolution of policies affecting older people across the world. As the Health and Retirement Study (HRS) began in 1992 and many of the international network of studies (HRS-INS) cover more than a decade, understanding the policies in place at the time of the survey has become more demanding for researchers.

*Why are we tracking past policy?* Individuals make choices based on current policies and the outcomes we see today may reflect responses to past policies. When interpreting the survey responses of individuals, an understanding of the policy environment under which those individuals operate is critical. The collection of contextual information in the *Gateway Policy Explorer* aims to support researchers who want to understand or use policy changes in their research and provide context for longitudinal or cross-country differences. Over the period 2023–2026 the *Gateway Policy Explorer* will be expanded to include information on retirement, long-term care, education, and other policies affecting the life cycle.

The key dimensions to the *Gateway Policy Explorer: Retirement Series* are country and time. We prioritize data collection for each country based on its first interview wave and are continuing to expand our data collection back in time to 1992, the earliest survey date in the HRS-INS.

A separate document, like this one, is developed for each country and each broad category of policies covered in the *Gateway Policy Explorer: Retirement Series*.

## Author and Contributor Disclaimers

† The opinions expressed here are those of authors and do not necessarily reflect the views of the OECD or of its member countries.

# United Kingdom

Old-Age Health Insurance  
Plan details 1992-2020 \* †

In the United Kingdom (UK), health care is provided for all through the National Health Service regardless of age. Provision of healthcare is not dependent on the payment of National Insurance contributions. Long-term care (LTC) services in the United Kingdom are managed separately by Wales, England, Scotland and Northern Ireland. Individuals are required to contribute financially to the cost of care, through a means-test.

**Key Dates**  
First law: 1946  
Major changes since 1992: None

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\* If you have questions or suggestions, please contact [policy@g2aging.org](mailto:policy@g2aging.org).  
† Detailed information and definitions are provided in tables, formulas and a glossary at the end of this document. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: “Alt” + “←”; In Adobe Acrobat on a MAC: “command” + “←”; In Preview on a MAC: “command” + “[”.

## Chapter 1: Policy enacted 1992-2020

### Overview

The UK's health care system is largely funded by taxes and is mostly free at point of access. Legal residents of the UK may use the services of the National Health Service (NHS). Individuals may also purchase private health insurance. The NHS is free at the point of use for the patient though there are charges associated with eye tests, dental care, prescriptions, and many aspects of personal care over this period. Personal care has been free at point of use in Scotland since 2002 for those aged 65 and over, and since April 2019 for all individuals.

Administration of healthcare in the United Kingdom is devolved to its constituent countries (i.e., England, Scotland, Wales and Northern Ireland). These countries make their own decisions about the way in which health services are organized. The UK government allocates a budget for healthcare in England, and allocates block grants to Scotland, Wales and Northern Ireland which in turn decide their own policies for health care. The health ministers of Scotland, Wales and Northern Ireland are responsible for public health and health services in their country. England is administered by the UK health department.

### Eligibility

- **Qualifications**

Varies by service system —

National Health Service (NHS)

Access to the NHS is universal

Long-term care (LTC) and mental health care services

People considered eligible after a needs assessment by the local authority and who pass the means test are eligible for local authority-funded services or direct payments.

- **To receive health benefits, does an individual have to claim them?** Answer: Yes - an individual must register with NHS, typically through a primary care doctor, and demonstrate residency.
- **To continue to receive health benefits, does an individual have to remain qualified?** Answer: Varies by service system —

National Health Service

No

Long-term care and mental health care services

Yes - these are administered by local authorities that typically rely on means-testing

### Coverage

National Health Service (NHS)

The precise scope of the NHS is not defined in statute or by legislation, and there is no absolute right for patients to receive a particular treatment. However, the statutory duty of the Secretary for Health is to ensure comprehensive coverage. In practice, the NHS provides or pays for the following (the volume and scope of these services are generally a matter for local decision-making):

- Preventive services, including screening, immunization, and vaccination programs
- Inpatient and outpatient hospital care
- Physician services
- Inpatient and outpatient drugs
- Clinically necessary dental care
- Some eye care
- Mental health care, including some care for those with learning disabilities
- Palliative care
- Some long-term care
- Rehabilitation, including physiotherapy (e.g., after-stroke care)
- home visits by community-based nurses

### Long-term care (LTC) services

Long-term care is a blend of health and social care, provided in a combination of residential/institutional care and care provided in the community. Some care is provided by the NHS, but a large part of it is provided by the private and voluntary sector. Financing is a mix of public and private funds. Long-term care is provided to:

- Older people
- People with physical disabilities, frailty and sensory impairment
- People with learning disabilities
- People with mental health problems
- People who misuse substances
- Other vulnerable people

The main long-term care services available in the UK for individuals living in their own home are home care or home help services, private home help, community nursing services, day care in day hospitals or centers, meals on wheels or in lunch clubs, chiropody, therapy services and private domestic help.

A *Carer's Allowance* is available to all carers in the United Kingdom and is supposed to replace income that the carer might have earned if they were not caring. However, all of the following eligibility requirements must be satisfied:

- The carer must provide care for 35 hours or more per week
- The person being cared for has to be significantly disabled according to their own disability benefit
- The carer must be over 16 and not in full-time education
- The carer must not earn more than £100 per week or receive most other types of benefit

The main institutional services are residential homes and nursing homes. There are a few persons in long-stay hospitals and the government has recently invested in the development of extra-care housing (also known as very sheltered housing).

### Eligibility for LTC services (or cash benefits in lieu of services)

- People considered eligible by the local authority and who pass the means test are eligible for local authority-funded services (or direct payments)
- Eligibility criteria, arrangements for assessments and budgetary arrangements are determined locally (based on a national framework, see [Box 1](#)) and there is variability among local authorities
- Those who have been assessed as eligible for services are then subject to a means test to establish whether their services will be funded wholly or partly by the local authority

### Assessment of needs

- Access to publicly funded social-care services is mainly through an assessment of care needs coordinated by the local authority's social services department. The process involves an assessment of care needs and arrangement of a package of care required to meet the care needs and varies locally.
- Those assessed as eligible for a package of care can instead opt for a direct payment that they can use to buy equipment or services themselves. There is no national definition of the need for care, but individuals are classified according to their needs using the eligibility criteria (see [Box 1](#) - adjusted locally).

## Costs

### National Health Service (NHS)

NHS care is mostly free at the point of access irrespective of the financial means of users, but in some cases patients do have to make co-payments (for goods and services covered by the NHS but requiring cost sharing, e.g., dental care) and direct payments (for services not covered by the NHS or for private treatment, e.g., Ophthalmic services).

### Primary/ambulatory care

People ordinarily resident in the UK can register with a general practitioner (GP) and consult their GP practice without charge. GPs can reject an applicant (unless the applicant has been assigned to them), but they can only do so if it is not discriminatory, or if the patient is out of the practice boundary and the practice has no capacity or feels it would not be clinically appropriate. Most GP consultations take place on GP premises, which are called surgeries. GP surgeries provide a range of services, including routine diagnostic services, minor surgery, family planning, on-going care for patients with chronic conditions, antenatal care, preventive services, health promotion, outpatient pharmaceutical prescriptions, sickness certification and referrals for more specialized care. Not all surgeries provide all of these services.

### Specialized ambulatory care/inpatient care

In order for patients to receive care from specialists, they must be referred by a GP or admitted to the hospital as an emergency case. Patients may pay for a private consultation, but most still require a GP referral.

### Emergency care

Emergency care includes GPs, walk-in centers, minor injuries units, urgent care centers, NHS 111 or equivalent, local pharmacists, local mental health teams, Accident and Emergency (A&E) departments at general hospitals, and dialing 999 for an ambulance. Emergency care is provided free of charge. Patients mostly self-refer to emergency services, but they can be referred by health care personnel.

### Pharmaceutical care

Patients are not charged for pharmaceuticals used in inpatient care. In England there is a fixed charge for drugs dispensed in the community (outpatient prescription drugs) regardless of the price of the drug being dispensed, although there are many categories of patients who are exempt from such charges, such as individuals that:

- Are age 16 or younger
- Are age 65 and over
- Have certain long-term conditions such as diabetes
- Are pregnant
- Receive low-income benefits

Prescription charges are not levied on certain categories of drugs, such as those used in family planning, the treatment of sexually transmitted diseases and cancer drugs. Prescription charges have been abolished in Northern Ireland, Scotland and Wales at different times since devolution. As of 2021, the prescription charge in England is £9.35 per item dispensed, although it is possible to buy “season tickets” which effectively cap the prescription charge at a certain level for a year (as of 2021, these are available at £30.25 for 3 months or £108.10 for 12 months).

### Dental care (cost-sharing)

Dental services consist of a three-part system: general dental services in the community; secondary and tertiary dental services in acute hospitals for difficult problems; and community dental services in clinics and nursing homes, provided for those who cannot use general dental services, and also in schools to screen children for problems. Treatment considered necessary to dental health can include: dentures, root canal treatment, crowns and bridges, preventive treatment, white fillings, and orthodontic care (for persons under the age of 18). Individuals are entitled to these under the NHS but may choose to receive them in both private and NHS settings. Local commissioning groups must ensure that NHS dental care is available within the geographic area for which they are responsible.

Dental care was initially free at the point of use when the NHS began in 1948, but charges were quickly introduced. There are three NHS charge bands in England and Wales (as of 2020):

1. £22.70 covers an examination, diagnosis and advice. If necessary, it also includes x-rays, a scale and polish and planning for further treatment
2. £62.10 covers all treatment covered by Band 1, plus additional treatment such as fillings, root canal treatment and removing teeth (extractions)
3. £269.30 covers all treatment covered by Bands 1 and 2, plus more complex procedures, such as crowns, dentures and bridges

In Scotland and Northern Ireland all patients are entitled to free check-ups and NHS patients, who pay for their treatment, pay 80% of the treatment costs (including any x-rays). In Scotland, since April 2019, these charges have been eliminated.

People automatically entitled to free NHS dental treatment include:

- children under 18 years of age
- full-time students aged 18
- pregnant women and nursing mothers
- persons on low incomes including recipients of:
  1. Income Support
  2. Universal Credit (and had no earnings or net earnings (take-home pay) of £435 or less a month (as of 2020) or which includes an element for a child and/or limited capability for work or limited capability for work related activity, and had no earning (take-home pay) or net earnings of £935 or less a month (as of 2020)
  3. Income-based Jobseeker's Allowance
  4. [Pension Credit](#) Guarantee Credit

### Long-term care (LTC) services

There are national thresholds for how much an individual is expected to pay for residential care. Charges range from nothing to the full

costs. All the assets of an individual are taken into account, including the value of their house if they own it, as well as their income from pensions, social security benefits and other sources. Asset exemptions exist depending on circumstance. For example, if a potential recipient of LTC is married and the spouse lives in a home that they own, then the value of the home may be excluded. Savings and assets jointly held with the spouse are taken account in the means test. The Department of Health provides guidelines to local authorities on how much they should charge for non-residential services, and the local authorities decide what to charge within those guidelines.

#### Other Health Services

- **Mental health care services**

The NHS, local authorities, and voluntary and private sector organizations provide mental health services in the United Kingdom. NHS services are free at the point of access, while some services provided by local authorities are charged according to means-testing.

- **Ophthalmic services (direct payments)**

Basic ophthalmic services are generally not covered under the NHS. Free eye tests are available to all in Scotland, and to eligible groups such as children and pensioners in England, Northern Ireland and Wales. Eligible patients can also get vouchers to help with the costs of corrective contact lenses or glasses.

## Tables and Formulas

### Box 1: Eligibility Criteria for Long-Term Care Services at the National Level

#### Critical Care Level

- Life is or will be threatened
- Significant health problems have developed or will develop
- There is or will be little or no choice and control over vital aspects of the immediate environment
- Serious abuse or neglect has occurred or will occur
- There is or will be an inability to carry out vital personal care or domestic routines
- Vital involvement in work, education or learning cannot or will not be sustained
- Vital social support systems and relationships cannot or will not be sustained
- Vital family and other social roles and responsibilities cannot or will not be undertaken

#### Substantial Care Level

- There is or will be only partial choice and control over the immediate environment
- Abuse or neglect has occurred or will occur
- There is or will be an inability to carry out the majority of personal care or domestic routines
- Involvement in many aspects of work, education or learning cannot or will not be sustained
- The majority of social support systems and relationships cannot or will not be sustained
- The majority of family and other social roles and responsibilities cannot or will not be undertaken

#### Moderate Care Level

- There is or will be an inability to carry out several personal care or domestic routines
- Involvement in several aspects of work, education or learning cannot or will not be sustained
- Several social support systems and relationships cannot or will not be sustained
- Several family and other social roles and responsibilities cannot or will not be undertaken

#### Low Care Level

- There is or will be an inability to carry out one or two personal care or domestic routines
- Involvement in one or two aspects of work, education or learning cannot or will not be sustained
- One or two social support systems and relationships cannot or will not be sustained
- One or two family and other social roles and responsibilities cannot or will not be undertaken



## Sources

This section records key sources consulted when we collected the institutional details reported in this document. Archived versions of these sources are available at the Gateway Policy Explorer website (<http://g2aging.org/policy-explorer>).

Bell, David and Alison Bowes (2012). “Free Personal Care in Scotland, (Almost) 10 Years On,” *Universal Coverage of Long-Term Care in the United States*, Eds. Douglas Wolf and Nancy Folbre, New York, NY: Russell Sage Foundation. [\[Link\]](#)

ENEPRI (2010). The Long-term Care System for the Elderly in England. ENEPRI Research Report No. 74 [\[Link\]](#)

The Commonwealth Fund International Health Care System Profiles: United Kingdom. [\[Link\]](#)

WHO (2015). Health Systems in Transition: United Kingdom. [\[Link\]](#)

## Glossary of terms

This section summarizes key definitions from the main text. To facilitate switching back and forth, this document is designed with hyperlinks. Most PDF readers have shortcuts that permit a reader to return to the previous location after selecting a hyperlink. In Adobe Acrobat on a PC: “Alt” + “←”; In Adobe Acrobat on a MAC: “command” + “←”; In Preview on a MAC: “command” + “[”.

**Claimable Benefit:** A pension where the beneficiary must actively file a claim for benefits with the government’s pension authority.

**National Health Service (NHS):** NHS is the administering agency of the UK’s health care system. Legal residents of the UK may use the services of the NHS. The NHS is free at the point of use for the patient though there are charges associated with eye tests, dental care, prescriptions, and many aspects of personal care over the period covered by this document.

**Pension Credit (PC):** From October 2003, this was a means-tested, non-contributory social assistance system which paid a benefit to age-eligible UK residents whose income was below a national threshold. The Pension Credit had two components: (1) Guarantee Credit; (2) Savings Credit.

**Qualified Benefit:** A benefit is qualified if an individual must continue to meet certain standards, such as a means test, to continue receipt of benefits.

## Version information

*Current Version: 2.1 (August 2023)*

### Version History

- 1.0 (March 2021): First version
- 2.0 (May 2022): Substantially revised format and updated content
- 2.1 (August 2023): Updated formatting