NHS and social care:

Facts and figures for the 2019 general election

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NHS funding

Facts and figures

1. The NHS across the UK spent nearly £159 billion in 2018/19. This is equivalent to £2,300 for every person in the UK and represents 7.1% of UK GDP
2. Spending on the NHS in England last year was around £130 billion
3. Since 2000, spending on the NHS across the UK has doubled in real terms, with nearly all of that increase happening between 2000 and 2009. Spending over the last 10 years has increased by 12% in real terms
4. The cost of fixing all of the outstanding maintenance and repairs to buildings and equipment in the English NHS now stands at £6.5 billion. This is the highest figure for 15 years and has increased by nearly £2 billion in the last five years.

NHS funding

Nuffield Trust view

- To provide the quality of care the public want, in the medium term NHS funding needs to grow at around 4% per year in real terms.

Things to look out for

- Are spending pledges in cash terms, or do they take account of inflation (real terms)?
- What are the real percentage annual increases of any spending pledges?
- Are spending pledges for the whole of the UK or just England?
- Do spending pledges apply to the whole health budget, including medical training and public health, or only NHS England?
- Are spending pledges per year, are they one offs, or are they lumping together multiple years?

NHS staffing

Facts and figures

1. The NHS in England employs 1.5 million people, making it one of the largest employers in the world
2. There are around 150,000 full-time equivalent doctors, and over 300,000 nurses in the NHS
3. There are over 100,000 full-time equivalent vacancies in hospital and community NHS services – around 1 in 9 posts. We previously predicted with The King's Fund and the Health Foundation that the shortfall in staff could reach 250,000 by 2030 if nothing is done
4. The UK has fewer doctors and nurses per 1,000 people than most comparable countries. For example, the UK has 8 nurses per 1,000 people, compared to 10 in Canada and 13 in Germany.

NHS staffing

Nuffield Trust view

- Pay for people with lower earnings will need to continue to rise in line with wider economy earnings from 2021 onwards
- There needs to be significant investment in education and training. This should include incentives to encourage more people to join the nursing profession, with cost of living grants to support them during training
- As well as recruiting more homegrown staff, the NHS must continue to recruit staff from abroad.

Things to look out for

- How are increases in NHS staff going to happen? It takes a very long time to train doctors – more than 14 years and £500,000 investment for a hospital consultant – so increasing training and education numbers are not a cheap or quick fix.

NHS: Brexit and migration

Facts and figures

1. There are 240,000 EU and EEA workers in health and social care across the UK
2. Our calculations with The King's Fund and the Health Foundation show that even if the next government does everything possible to address the nursing crisis, 5,000 migrant nurses a year will still be needed to stop the situation getting worse
3. The proportion of EEA workers in social care in England has been rising sharply, from 5% just six years ago to 8% today
4. A hard Brexit in which the UK leaves the single market is likely to drive up annual costs for medicines and other supplies by around £400 million a year or more.

NHS: Brexit and migration

Nuffield Trust view

- Any future migration system must reflect the fact that severe shortages exist in nursing and social care, and workers from abroad will be urgently needed for at least the next 5 to 10 years
- Leaving the EU's single market would mean the NHS and its patients cannot access European medicines, medical devices, clinical trials and data as easily as today. EHIC cards will no longer work.

Things to look out for

- When a wider announcement on migration is made, what might the impact on NHS workers be? Will a new migration system let in social care workers who often have low salaries and only high school qualifications?
- Will a proposed form of Brexit mean that we leave the EU's systems for medicines, medical devices, scientific funding and EHIC cards?

General practice

Facts and figures

1. The number of GPs relative to the size of the population has been falling across the UK for the first sustained period since the 1960s. In England the number has fallen from 64 GPs per 100,000 in 2013, to 58 per 100,000 in 2018
2. There are now around 1,700 fewer fully qualified, permanent GPs (full-time equivalents) in total in England than there were in September 2015
3. People remain satisfied with GP services. In the official survey of GP patients in England, 83% said they had a good experience of their GP practice in 2019, although this has been falling over recent years
4. Getting an appointment is becoming harder: in 2012 19% of people said it wasn't easy to get through to their practice on the phone, but in 2019 this had risen to 32%.

General practice

Nuffield Trust view

- New types of staff like pharmacists and physiotherapists need to be shifted into general practice on a very large scale to pick up some of the work
- A move to people accessing GPs more by phone or Skype might help, but it won't fundamentally increase the number of appointments unless more doctors are brought in.

Things to look out for

- If there's a new target or commitment, like a promise to see your GP within a set time, how is it going to be met with the same number of already overstretched staff? This is important because our calculations with The King's Fund and the Health Foundation suggest the GP gap is so big that there is no way to close it with more doctors in the next five years.

Social care

Facts and figures

1. Government funding for local authorities halved in real terms between 2010/11 and 2017/18. Adult social care made up 43% of local authority spending in 2016/17
2. In 2018 the social care sector employed 1.62 million people and there are over 120,000 vacancies
3. The median pay for independent sector care workers is £8.10 per hour and 24% of jobs are on zero-hours contracts
4. Access to social care services in England is means-tested. If an individual has income and assets (including property and savings) above £23,250 they cannot access publicly funded care and instead must pay for all their care costs. This threshold has not changed since 2010/11.

Social care

Nuffield Trust view

- Any new funding system needs to be transparent, easy to understand, protect people against catastrophic costs by pooling the risk across society, and bring much-needed money in now and in the longer term
- Challenging working conditions, perceived low status and low pay all need to be addressed in order to recruit and retain staff. Immigration policies must attract and facilitate social care workers to come from abroad.

Things to look out for

- Is the proposal just for older people or are working-age disabled adults and children included too? Need for care among working-age adults is rising sharply, so any reform must factor this in
- Where proposals cover ‘free personal care’, what is included in this? Is help with shopping and meals covered? Are room and board covered?

NHS privatisation and charges

Facts and figures

1. In 2018/19, departmental accounts show the English NHS spent around £24 billion, or 18% of spending, on buying private health services including general practice. This compares to around £20 billion (also 18%) in 2013/14. A narrower figure of 7% refers to private health care spend by NHS commissioners: this has also been stable lately
2. Prescription charges were introduced in 1952 and are currently set at £9. They raised £575 million in 2017/18. Because many exemptions exist, 84% of prescriptions are free in England. In Scotland, Wales and Northern Ireland, all prescriptions are free
3. NHS organisations in England paid £2 billion under PFI deals in 2017/18. No new PFI deals have been agreed in health care since 2015
4. The US Trade Representative's objectives for a UK trade deal include 'full market access' for US pharmaceutical products – but they don't mention selling clinical services to the NHS.

NHS privatisation and charges

Nuffield Trust view

- A trade deal with the US is likely to mean pressure to pay more for medicines, but it is not going to mean that the NHS has to switch to a private insurance system. Private companies already have extensive rights to bid for health service contracts in England, so there is limited room to expand these
- It is unclear whether getting private companies to run more NHS services has made any significant difference to quality or efficiency
- Buying out PFI schemes may be a good idea in some places, but it would be legally difficult and expensive.

Things to look out for

- If privatisation or PFI is being ended, who is going to provide the services? If they are being renationalised, how much will this cost?
- For a US trade deal, is the debate covering the mechanics of how the NHS chooses and pays for medicines?

Waiting times

Facts and figures

1. More people are being seen in A&E than ever before. Attendances have risen from 5.4 million in the summer of 2010 to 6.5 million in the summer of this year
2. 2019 saw the worst summer on record for A&E waiting times since the four-hour target was introduced in 2004. The target was last met in July 2015
3. The waiting list for planned care is the longest it has been since records began, with over 4.5 million people waiting for treatment. Around 15% of people are waiting over 18 weeks to start elective treatment – the highest level since 2008
4. The two-month cancer target, from an urgent GP referral to a first treatment for cancer, has only been met once in the last five years. Over one in five patients are waiting longer than two months to start their first treatment for cancer following an urgent GP referral for suspected cancer.

Our full analysis of the latest NHS waiting times data can be found here. Our QualityWatch programme with the Health Foundation monitors and scrutinises the quality of care over time.

Waiting times

Nuffield Trust view

- Testing out new NHS waiting time targets is a good thing, so long as they are rigorously evaluated to ensure that any new target improves patient care
- Poor performance on key NHS waiting time targets is symptomatic of bigger problems in the NHS, related to staffing, funding and the high level of bed occupancy.

Things to look out for

- Why would any new target be met when current and long standing ones are not?
- What is the evidence base that any new target will be an improvement?

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