

General election 2015

Facts, figures and views on health and social care



NHS finances



The NHS budget

- The health budget in England for 2014/15 is **£113.3 billion**. It will be £116.4 billion in 2015/16. (Source: [Department of Health](#) and [Autumn Statement 2014](#))
- The health budget has increased by around **£4 billion** in real terms over the course of the 2010-2015 parliament. (Source: [Department of Health](#))
- This is an average **increase of around 0.8 per cent a year** in real terms over the parliament, meaning the coalition has met the spirit of its pledge to increase the health budget in real terms in each year of the parliament.



Hospital/ commissioner finances

- Both hospital trusts and commissioners struggled to meet the target for 4 per cent efficiency savings in 2013/14, with commissioners achieving **under 2 per cent** and Foundation Trusts achieving **3 per cent**. (Source: [Nuffield Trust](#))
- **Over half** of Foundation Trusts were deficit in Q3 2014/15 and it looks likely that around half of all trusts will end this financial year in deficit. (Source: [Monitor](#))
- Hospitals and other NHS service providers are currently forecasting an end-of-year **deficit of at least £800 million**. (Source: [Monitor](#) and [NHS Trust Development Authority](#))

NHS finances (continued)



Non-NHS
provision

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The Nuffield
Trust view

- In 2013/14, £10.2 billion was spent on commissioning services from **non-NHS providers** (including the voluntary sector). This is an increase of **5 per cent** compared to the previous year. (Source: [Nuffield Trust](#) and [NHS England](#))
- Spending on **private providers** amounted to **5.9%** of the total NHS budget that year. Including voluntary sector providers, **8.8%** of the NHS budget was spent on non-NHS providers in 2013/14. (Source: Nuffield Trust correspondence with NHS England)
- Between 2010/11 and 2012/13, spending on private providers grew by **76%** in community services, **11%** in mental health services and **18%** in hospital services. (Source: [Nuffield Trust](#))
- By 2012/13, almost **£1 in £5** spent by commissioners on community services was spent on private sector providers. For mental health services it was **13%** and for hospital services it was **3.6%**. (Source: [Nuffield Trust](#))



Demand for NHS services shows no signs of abating. With hospital finances increasingly weak, growing pressures on staffing, and the goal of moving care out of hospitals and into the community proving elusive, the NHS is at a tipping point. £8bn by 2020 is the minimum needed to secure the sustainability of the service in future. And even this comes with stretching and possibly unrealistic efficiency targets.

The evidence suggests that the NHS is not as clever as it ought to be when it comes to procuring services from the private or voluntary sector. Instead of arguing about whether the private sector is 'good' or 'bad', we need to equip the NHS better to manage such contracts by improving procurement practices and regulation.

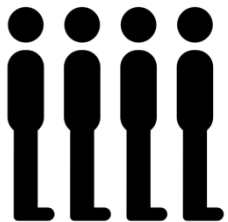


General Practice



Funding

- In 2013/14 almost **£6.7bn** was spent on core GP services in England (not including out-of-hours or other 'enhanced' services). (Source: [Nuffield Trust](#))
- Spending on core GP services has fallen by **over 2% in real terms** throughout the course of the 2010-2015 parliament.
- In the Autumn Statement, the Chancellor announced a further **£250m each year** for buildings, infrastructure and IT for general practice up until 2015/16, .



Appointments

- The number of people who say they have failed to get an appointment has **risen from 9 to 11%** between 2011/12 and 2013/14. (Source: [Ipsos MORI](#))
- The number of consultations at a GP surgery (from a sample of 337 practices) rose by **11%** between 2010 and 2014. (Source: [Nuffield Trust](#))
- Within this 11% rise, consultations with GPs rose by approximately **2%**; consultations with nurses rose by **8%**; and consultations with 'others' (such as pharmacists etc) grew by **18%**. (Source: [Nuffield Trust](#))
- There a worrying **lack of national data** on numbers of GP consultations, which make it difficult to quantify the extra pressures facing GPs

General Practice (continued)



Staffing

- In 2014 there were **36,920 full-time equivalent GPs** in England - a rise of 4.8% since 2010. This compares to a 7% rise in hospital doctors. (Source: Nuffield Trust analysis of [HSCIC](#) data)
- **12%** of GP trainees now work part time. (Source: Nuffield Trust [analysis](#) of [CFWI](#) data)
- Almost **1 in 10 GPs** under the age of 50 say they intend to 'quit direct patient care' in the next five years, a rise of over a third between 2010 and 2012. (Source: [Hann et al](#))
- More than **10% of slots** for new GP trainees in practices were left empty in 2014 (Source: [BMJ](#))
- The number of **one-doctor practices almost halved** between 2006 and 2013, while practices with 10 or more GPs increased by **75%** (Source: [Nuffield Trust](#))

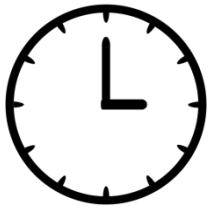


The Nuffield
Trust view

“ *General practice is facing great pressure at the moment. Funding is tight, there is an impending workforce crunch and – perhaps most significantly of all – the needs of patients have changed beyond recognition, as the population lives longer with chronic conditions.*

The single-doctor practice is now struggling to deal with these challenges and is looking increasingly inviable. But more money alone isn't the answer. Politicians need to give GPs time and support as they make the switch to scaled-up general practice, as described in the Five Year Forward View. ”

A&E



Time at A&E

- The **four-hour target** specifies that 95 per cent of patients should spend four-hours or less in A&E before being sent home or admitted elsewhere in hospital.
- Average performance against the four-hour target by major A&Es in 2014 was **92 per cent**. It was last met at all major A&Es in **June 2013**. (Source: [NHS England](#))
- The average time spent in A&E by a patient who is admitted to hospital on leaving A&E is **3 hours 43 minutes**, compared to **2 hours 17 minutes** for patients sent home. (Source: [Nuffield Trust](#))
- Patients over the age of 75 spend **around an hour longer** in A&E than those under the age of 75. (Source: [Nuffield Trust](#))



Attendances & admissions

- Attendances at A&E increased from **16.5 million in 2003/4** to **21.8 million in 2013/14**, a rise of **32 per cent**. (Source: [NHS England](#))
- Most of this rise was caused by a **96 per cent increase in attendances at minor A&Es** (urgent care centres, minor injuries units etc). Attendances at major units only increased by 12%, in line with population growth. (Source: [QualityWatch](#))
- Emergency admissions overall grew by **27 per cent** over ten years. (Source: [NHS England](#))

A&E (continued)



Winter
pressures

Comparing winter 2013/14 with winter 2014/15:

Attendances and emergency admissions at all A&Es rose by **3 per cent**.

- **Patients waiting on a trolley for more than 4 hours** rose by **123 per cent**.
- **Delayed ambulance handovers** grew by **63 per cent**.
- Bed days lost due to **delayed transfers of care** rose by **29 per cent**.
- **Operations cancelled** with less than 24 hours' notice rose **by 33 per cent**.

(Source: Nuffield Trust analysis of [NHS England](#) data)



The Nuffield
Trust view



England's A&E system is near crisis. With the financial squeeze set to continue, there is no relief in sight if we keep up the current approach. We need to rethink our assumptions as many of the 'magic bullet' solutions suggested miss the point. It's not about more people turning up, but about a system with a squeeze on hospital space and staff, which needs to get better at discharging people safely and on time.

The four-hour target has come to loom over every other measure of how well patients with urgent needs are being cared for. Politicians and regulators need to stop micro-managing this target and should instead examine how to put the four-hour target on an equal footing with other critical indicators like trolley waits or time to treatment.



Quality

Our **QualityWatch** programme examines 300 indicators of quality across health & social care
(Source: all points referenced are from the [QualityWatch Annual Statement](#))



Improvements

Recent achievements in English health-care include:

- Major successes in reducing harm, for example **health-care-associated infection**.
- Improvements in clinical effectiveness, evidenced by **falling mortality rates** from cancer, cardiovascular disease and suicide.
- Higher **public satisfaction** in the NHS.
- More **doctors and nurses** per head of population.



Deterioration

But recent gains are starting to go into reverse:

- Inpatient services for **mental health** care are becoming harder to access for both children and adults: waiting times to see a specialist grew by **a third** between 2010/11 and 2012/13.
- There are signs that **work-related stress** is on the rise across the NHS: the proportion of NHS staff reporting stress-related illness rose by **ten percentage points**, from 28 per cent in 2008 to 38 per cent in 2013.
- The NHS isn't holding onto historic gains in **waiting times** over the past decade.

The NHS in Wales



Funding

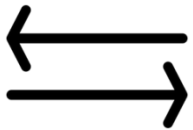
- Between 2000 and 2010, health spending **increased significantly** across all four countries of the UK: 115 per cent in England; 99 per cent in Scotland; **98 per cent in Wales**; and 92 per cent in Northern Ireland. (Source: [Nuffield Trust and Health Foundation](#))
- Health spending in Wales fell by **4.3 per cent** between 2009/10 and 2012/13, but further cash injections of £425 million over two years were announced in September 2014. (Source: [Nuffield Trust analysis](#) of [HM Treasury](#) and [Welsh Government](#) data)
- Wales spends more per head on health than England, but its age-adjusted spend is around **£50 per head less** (because there are more older people in Wales). (Source: [Nuffield Trust](#))



Waiting times

- **Ambulance response times**, time spent at **A&E** and waits for **planned treatment** are much higher in Wales than in England. For example in February, just **51%** of Welsh ambulances responded to life threatening calls within 8 minutes, compared to **68%** in England. ([Nuffield Trust analysis](#) of StatsWales and HSCIC)
- Waiting times for **common procedures** are significantly longer in Wales: patients in Wales waited **100 days longer** on average for a hip operation than those in England or Scotland in 2012/13. (Source: [Nuffield Trust and Health Foundation](#))
- Wales has done better than England on treating people within 62 days of them being referred by a GP for **suspected cancer** (88% in Q3 2014/15, compared to 83.6% in England), although its target is 95% compared to 85% in England.

The NHS in Wales (continued)



Admissions
and discharges

- Welsh hospitals have not experienced the same rise in **emergency hospital admissions** as England: since 2010 emergency admissions have grown by around **4%** in Wales, compared to **15%** in England. (Source: [Nuffield Trust analysis](#) of StatsWales and HSCIC)
- Wales hasn't seen the same growth in **delayed transfers of care** as England: since 2010, bed days lost to delays in discharging people from hospital have **stayed flat** in Wales, while in England they have **risen by a third**. (Source: [Nuffield Trust analysis](#) of StatsWales and HSCIC)

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The Nuffield
Trust view

“ Despite politicians' keenness to do so, it's not entirely fair to compare a country of 3 million people to one of 53 million. The Welsh population is older, sicker and more deprived than the English population - so its NHS has to work harder. But looking purely at some of the totemic targets, such as time at A&E and ambulance response times, it is irrefutable that Welsh patients are waiting longer than English patients for care.

This may be partly because the Welsh Government has made different spending decisions and has placed greater emphasis on prevention, public health and social care. It has also adopted a less ferocious approach to managing the system's performance than in England.

Looking ahead, these trends will be a cause for real concern. The funding squeeze looks set to continue, and demand for health services is on the rise. What's more, the Welsh NHS has some tough decisions to make about how many hospitals it needs in future.

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Social care



Funding

- Since 2009/10, there has been a **16%** real-terms reduction in English local authorities' funding for **social care for older adults**. This amounts to almost **£1.3 billion**. (Source: [QualityWatch](#))
- **Home and day care** spending by councils has fallen by **almost a third**, equating to £618 million (real terms, net current expenditure, comparing 2013/14 to 2009/10). (Source: [QualityWatch](#))



Access

- Almost **300,000 fewer older adults** receive publicly-funded community based services, a 30% drop. (Source: [QualityWatch](#))
- The number of older adults receiving **meals on wheels** continues to decline, with almost **70%** fewer older adults receiving meals compared to 2009/10 (around 64,000 people). (Source: [QualityWatch](#))

“ There is evidence of increased rationing of social care by hard-pressed local authorities in response to deep cuts from central Government. This is despite the growing numbers of older people in the population.

It is highly likely that this is having a negative effect on older people's health and wellbeing and that of their carers, but without adequate data to assess this impact, the NHS and Government are flying blind when it comes to managing demand and planning for the future. ”

Managers in the NHS



Numbers

- The NHS employs **51,000** people as managers in the NHS in England, out of a total workforce of **1.17million**. These NHS managers include **doctors and nurses** who do full-time management roles. (Source: [Nuffield Trust](#) analysis of HSCIC and ONS data)
- NHS managers represent a total **4%** of NHS workforce, which compares to managers representing **10%** of the workforce in the wider UK economy as a whole. (Source: [Nuffield Trust](#) analysis of HSCIC and ONS data)
- Since 2009, there has been a **20%** reduction in the numbers of managers (Source: [QualityWatch](#))



The Nuffield Trust view

“ *The idea that the NHS employs an unjustifiably huge number of full-time managers is just wrong. Any savings from reducing their ranks would be small, and likely self-defeating if we went too fast. NHS trusts need people to analyse and make decisions. If they don't have those people, they will hire some in as management consultants.*

At the same time, it is certainly true that management and administration should be looked at critically, and there are opportunities to make savings in areas such as finance, other back office functions and clerical work caused by a reliance on paper records. There is also undoubtedly scope to improve administration. We must remember, though, that some of it is linked to those perennial political favourites, targets and competition. ”

Immigrants' use of the NHS



Research

- There is **very little research** looking at immigrants' use of the NHS in England.
- A 2011 study by the Nuffield Trust compared the NHS hospital use of a group of people who **registered with a GP after the age of 15** (likely to be international immigrants) with a matched group of people representing non-immigrants. ([Nuffield Trust, 2011](#))
- The method is not perfect, but we identified **550,000 probable immigrants** registering in the 2003/4 year. This rose to 583,000 for 2004/5 and to 625,000 for 2005/6.



Findings

- The group of probable immigrants used hospital care relatively rarely – in fact, hospital admission rates were **around half** that of English-born people of the same age and sex.
- Admission rates were most **similar for obstetrics and neonatal care**, but even then they were still lower for immigrant women of childbearing age than for similarly aged English-born women.
- Our analysis suggests that the overall pattern of health service use for migrant populations is one of **particularly low levels** of hospital admission.

The views of health and social care leaders

The Nuffield Trust has been regularly surveying 100 health and social care leaders as the General Election approaches



Finance

([June 2014 survey](#))

- **8 in 10** leaders reported concern about the **financial viability** of their local NHS or social care provider.
- **70%** of leaders believed NHS providers will need to **go into deficit** to provide high-quality services.
- **63%** favoured tax rises to fund the NHS.
- **Over a third** (35%) of leaders supported **charging** for some NHS services, but 55% opposed charging.



Out of hospital care

([September 2014 survey](#))

- **99% of leaders** agreed that general practice is either **in crisis** or **in need of reform**.
- **2 in 3** said access to urgent care in the community could reduce pressure on A&E.
- **46%** were in favour of reintroducing the **48-hour** GP access target.
- **3 in 4** agree that **'single handed'** GP practices are 'no longer fit for purpose'.

The views of health and social care leaders (continued)



Rationing

([January 2015 survey](#))

- **68%** thought people should get **the same package** of NHS services wherever they live but **over half** also said commissioners should be able to **tailor decisions** to local circumstances
- **7 in 10** said that the Cancer Drugs Fund should be **abolished**
- **48%** thought that **budget considerations** should not limit the services provided by the NHS
- **14%** said that **obsolete** or **ineffective** procedures are still taking place in their area



The future of health and social care

([March 2015 survey](#))

- **77%** of leaders said that **adequate funding** for health and social care is key for the next government
- **61%** said NHS England's Five Year Forward View is effective in identifying the challenges they are experiencing locally
- **Three quarters** are not convinced that the NHS can meet the **£22 billion** efficiency challenge
- **57%** believe that the NHS will be **free at the point of use** in 10 years' time, up from 47% in June

Nuffield Trust spokespeople

We have a range of spokespeople able to participate in broadcast interviews and telephone or face-to face briefings. In the first instance, please contact [Leonora Merry](#) or [Mark Dayan](#) in our press office on 020 7462 0555 or 07920 043 709



Nigel Edwards
Chief Executive

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Nigel is an experienced media commentator and is able to talk confidently on **all issues in this pack**



Ruth Thorlby
Acting Director of Policy

A former broadcast journalist, Ruth is experienced in commentary on a wide range of issues including **social care, quality, general practice, and NHS reform**



Candace Imison
Director of Healthcare Systems

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A former NHS manager, Candace joined the Nuffield Trust from The King's Fund. She is an experienced commentator on the **NHS workforce, hospital services and community health services**



Ian Blunt
Senior Research Analyst

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Ian is an expert in quantitative analysis of the NHS. He is skilled in commentary and analysis on **NHS data**, with recent work covering **A&E, hospital admissions**, the NHS in the **four UK countries and targets**

Nuffield Trust spokespeople (continued)

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Helen Crump
Fellow in Health Policy

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Helen specialises in **NHS reform**, **regulatory policy**, **competition**, **rationing** and **commissioning**. A former journalist, Helen has worked at a range of public sector titles



Dr Alisha Davies
Senior Research Analyst

 [@AlishaDavies1](#)

Alisha is a qualified public health consultant and an expert in **evaluation**, **prevention** and **public health**



Dr Rebecca Rosen
Fellow in Health Policy

Rebecca is a practising GP in Greenwich. She also sits on the Greenwich CCG. She's an experienced commentator on the pressures facing **GPs** and **commissioners**



Holly Holder
Fellow in Health Policy

Holly is a Fellow in Health Policy at the Nuffield Trust. She specialises in qualitative research and is able to provide commentary on **social care**, **commissioning** and **NHS reform**

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