The lowdown

Health news and analysis to inform and empower NHS staff and campaigners

Fantasy and denial in under-funded NHS

FOLLOWING A disastrous pandemic that has drastically cut back the capacity of NHS acute hospitals and piled added pressures and problems on to primary care, community health and mental health services, the government's 2021-22 mandate to NHS England and NHS Improvement begins and barely goes beyond the level of fantasy and denial.

The fantasy is that the NHS and its exhausted staff can almost instantly recover from the blows they have suffered over the past 15 months: the denial is ignoring the fact that Rishi Sunak's recent budget, and the miserly additional £6.6 billion funding to cope with the extra costs of Covid fall far short of the allocations needed to get the NHS back on its feet, pay staff a decent increase to convince them they are being treated with respect, and stop some of the more dilap-

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idated hospital buildings literally falling down.

The mandate begins with reference to the 2019 Long Term Plan, with its combination of 5-year and 10-year objectives, and then supplemented by the Johnson government's 2019 election manifesto.

Parts of the Plan have been significantly set back by the Covid pandemic, not least the pledges on cancer treatment:

"by 2028 the Plan commits to dramatically improving cancer survival, partly by increasing the proportion of cancers diagnosed early, from a half to three quarters" (p8, p44)

"We will … lower the threshold for referral by GPs, accelerate access to diagnosis and treatment and maximise the number of cancers that we identify through screening." (p57)

In 2021 the actual picture is very different. There has been a catastrophic drop in numbers of cancer patients referred for hospital treatment during the pandemic, with numbers referred between March 2020 and January 2021 down by 350,000 on the previous year's figures, according to the latest NHS England data.

Years of progress undone

The reduction is equivalent to nearly one in six, from 2.2 million to just 1.85 million urgent referrals, and appears to result from patients' fears leading them to put off seeing GPs to check out early symptoms for fear of Covid-19.

The fresh wave of Covid infection from January of this year will have deterred even more patients. IPPR figures quoted by The Times show a reduction from 44 to 41% in the proportion of cancers caught early enough to be highly curable, and IRRP research fellow Chris Thomas tells the Times:

"This will undo at least eight years of colorectal cancer survival rate progress, six years in breast cancer survival rates, and two years in lung cancer survival progress," he said.

There has also been a 25% drop in urgent referrals for urological cancer 23% fewer for brain cancer patients and 21% fewer child cancer patients referred.

To reverse this, and catch up on the backlog while also treating the flow of new patients coming in to the system is a major challenge that will require the full resources of the NHS.

"The NHS will continue to contribute towards levelling-up, through its work to tackle health inequalities? The government is facing a legal challenge after it was revealed most constituencies receiving this cash had Tory MPs"

But the other major problem is the severely reduced capacity of the NHS as a result of the Covid pandemic. The most recent figures for general and acute beds in the final three months of 2020 show just 79,520 beds were occupied (81%) down almost 14,000 from the same period in 2019, when over 89% of beds were occupied.

With numbers of Covid in-patients reduced to just 3.4% of beds at the end of March, the challenge or reorganising and reopening some of the closed capacity poses questions over numbers and fitness of exhausted staff and the state of run-down hospital buildings.

Bearing this in mind the combined agenda set out in the new mandate is daunting to say the least:

"The commitments are listed below …:

- **"There will be 50,000 more nurses working in the NHS"** [but while numbers have increased by 11,000 (3.3%) in the 12 months to January, this includes 8,000 recruited from overseas and nurses who had come back on a temporary basis who had retired or left the NHS.

Of the 344,000 nurses and midwives (308,000 whole time equivalents) up to 50,000 are off sick with covid-related illness and mental health problems or shielding for vulnerable family members, and surveys show large numbers of burned-out staff planning to leave, and recruitment of qualified staff from the EU has reduced to a trickle).

- **"There will be 50 million more appointments in general practice a year"**; [Numbers of appointments have almost recovered from the severe dip during the pandemic lockdown, but numbers of face to face appointments have been significantly reduced – with warnings of the implications of this for reduced early detection of cancer and other serious illness]
- **"We will build 40 new hospitals"** [The Lowdown has repeatedly exposed the deception involved in this promise, and the growing problems of the six hospital projects prioritised and funded];
- **NHS performance will improve over time, once impacts of the pandemic are factored**

in – bringing down operating waiting times and improving A&E performance; [See above on the actual picture]

● **The NHS will continue to contribute towards levelling-up, through its work to tackle health inequalities;** [The government is facing a legal challenge over the allocations of money from the £4.8bn "Levelling Up Fund" after it was revealed that 47 of the 56 constituencies awarded cash had Tory MPs. including the prosperous seats of Rishi Sunak and Robert Jenrick.

Only 19 of the 40 classed as most deprived were given anything, while five of the 12 towns in the least deprived low priority group – all of them with Tory MPs – also gained funding. Government spending that should be assisting work to level up public health is also being cut in 31 areas and frozen in 69, while the overall allocation across England goes up by a pitiful £45m (0.67%) in 2021-22. The latest cuts come after a £700m real terms reduction in public health funding between 2014/15 and 2020/21 – a fall of almost a quarter (23.5 per cent) per person.]

● **The NHS will continue to improve access to primary and community care;** [impossible without any real terms increase in funding].

● The NHS will continue to treat mental health with the same urgency as physical health; [A Nuffield Trust report in November warned that: "Mental health services have been underfunded for many years and were under considerable strain before the pandemic. The recent Spending Review announced a welcome £500 million of funding for mental health to address waiting times, expand support to reach more people, and invest in the workforce. However, estimates suggest that the costs associated with the predicted increase in demand could be as much as an extra £1 billion per year.]

● **The NHS will better embrace technology to improve patient experience;** [Still there has been no serious attempt by NHS England to address the problems of digital exclusion that limit the possibility of millions of people, many of them deprived or vulnerable, satisfactorily accessing a "digital first" NHS]

● **The NHS will invest in prevention to improve health outcomes;** [there is no extra money to invest, and public health spending is being cut in some of the most hard-pressed areas: see above]

"The NHS will invest in prevention to improve health outcomes? But there is no extra money to invest, and public health spending is being cut in some of the most hard-pressed areas"

● **The NHS will continue to improve outcomes for major diseases and long-term conditions;** [limited by lack of staff, beds and resources – as discussed above].

● **The NHS will accelerate action on reducing stillbirth, maternal mortality, neonatal mortality and serious brain injury;** [only now is the government beginning to take action on scandalously poor quality care going back many years in a number of trusts].

● **The NHS will continue to support its workforce;** [The contemptuous proposal of a 1% pay increase for NHS staff shows how little ministers value the effort and dedication of the staff who battled through the pandemic to save lives – at the risk of their own health. Empty words here will not compensate for genuine steps to make up all the ground that has been lost in living standards since 2010).

● **The NHS will manage its finances to ensure overall financial balance in each and every year** [coupled with Rishi Sunak's latest budget with no extra revenue or capital for the NHS this is a formula for cash-driven cuts in services and for growing lists of treatments excluded from the NHS in local areas, forcing patients to go private or go without].

While ministers delude themselves and the terminally gullible with the nonsense of the mandate, hundreds of thousands more patients are waiting in pain for less urgent elective treatment: the number of people who have been waiting for over a year has soared to 304,044 from 1,613 before the pandemic struck.

Former NHS chief executive Sir David Nicholson told the Guardian that "The backlog is truly frightening. We can very easily get to the next election with people waiting over two years." the NHS Confederation believes could be as much as 6.9m cases by the end of the year as people on the "hidden waiting list" – who have put off seeking help after discovering symptoms of illness – finally visit a GP.

The Health Foundation has since published

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‘Mental health crisis’ explained

As the nation slowly comes out of lockdown, the prediction that the pandemic will be accompanied by a wave of mental illness is now backed up by figures. The Royal College of Psychiatrists has warned that England is now “in the grip of a mental health crisis” as a result of the Covid pandemic. It is also clear that young people are bearing the brunt of the mental health crisis.

The College analysed data from NHS Digital and the Office for National Statistics (ONS) comparing April to December 2020 with the same period in 2019 and found:

- 80,226 more children and young people were referred to CYP mental health services, an increase of 28%, to 372,438;
- 600,628 more treatment sessions were given to children and young people, up by a fifth on 2019 to 3.58 million;
- And 18,269 children and young people needed urgent or emergency crisis care, an increase of 18% to 18,269.

The analysis also found that adult mental health has suffered during the pandemic; until March 2020 about one in 10 adults in England suffered from moderate to severe depression, but that had doubled to almost one in five by last June.

Adrian James, the college’s president, said: “The extent of the mental health crisis is terrifying, but it will likely get a lot worse before it gets better. Services are at a very real risk of being overrun by the sheer volume of people needing help.”

Back in October 2020, the Centre for Mental Health used a model to predict that nationally, in England, up to 10 million people (almost 20% of the population) will need either new or additional mental health support as a direct consequence of the crisis. 1.5 million of those will be children and young people under 18.

In March 2021 the IPPR report - State of health and care: The NHS Long Term Plan after Covid-19 - noted that there is not yet sufficient data on the effects of the second wave of the coronavirus pandemic, but think that it is “very likely to sustain and amplify the trends described” for the first wave.

The increase in mental health need stems from those who were denied care during lockdown; those whose health deteriorated and from new patients, flowing from the wider impacts of the pandemic, such as self-isolation and increases in substance abuse and domestic violence. However, a study published in March 2021 in Lancet Psychiatry found that overall one in three people who recover from coronavirus develop a neurological or a psychiatric condition within six months, which adds a whole new population to those needing treatment and care.

It is now clear that there is now and will continue to be over the coming months and years a huge number of people that will need support from mental health services.

Services in crisis before the pandemic

This tidal wave of patients requiring mental health services would be difficult enough to cope with if services had been sufficient pre-pandemic, but after over a decade of budgetary constraints mental health services were in crisis as the country entered the pandemic.

In November 2019, Mind released figures showing that in the previous 12 months the NHS in England cancelled 175,000 CAMHS appointments – 25 per cent more than in the previous year.

This tightening of eligibility criteria was confirmed by a Pulse survey of GPs in which nearly 30 per cent said the rules governing CAMHS referrals had become stricter, with only one in five NHS mental health trusts now accepting appointments.

It’s surely no coincidence that the number of A&E attendances by young people with a recorded diagnosis of a psychiatric condition has almost tripled since 2010. Or that an increasing number of GPs are now advising parents to seek private mental health care for their children.

Figures show that the number of mental health beds had also slumped, by nearly 3,000 since 2013, leading to local issues of availability. In November 2019 the Royal College of Psychiatry (RCP) published a report claiming that, to offer appropriate levels of care to patients in their local community, more than a thousand extra mental inpatient beds were needed.

The staffing statistics were no better: in 2013 there was one mental health doctor for every 186 patients accessing services, and one mental health nurse for every 29 patients. By 2018 those figures had dropped to one for every 253, and one for every 39, respectively. No surprise really, given that – in 2017-18 alone – 23,686 mental health staff left the NHS.

In March 2021, the Royal College of Psychiatrists highlighted the cuts to services for alcohol and drug addiction which are leav-

ing thousands of young people unable to access help. The College found that £26m (37%) in real terms has been cut from youth addiction services in England between 2013/14 and 2019/20, with eight of the nine regions in England making real terms cuts.

How are mental health services coping?

The short answer is - not well. In January 2021, the Royal College of Psychiatrists warned that Mental health hospitals in England are operating at capacity. A December 2020 survey found that 85% of the 320 psychiatrists who took part said there was more pressure on beds compared to the same time last year. The vast majority (92%) estimated there were less than 5% of beds available in their trust, while the recommended threshold is set by the College at 15%.

Psychiatrists were having to consider sending patients out of area, which can harm patients, or delaying admission and treating them in the community.

In March 2021, leading clinicians told the HSJ that there is 'no capacity anywhere' to deal with an unprecedented surge in admissions of children with mental health problems. If there are no specialist beds then children with eating disorders had to be left on children's wards in general acute hospitals, where they are unable to receive adequate specialist treatment.

What has the government done?

Prior to the pandemic the 2019 NHS Long Term Plan had allocated £2.3 billion for improvements to mental health services. At the time this was considered insufficient; in January 2020, the BMA appealed for at least a doubling in funding over the period of the long-term plan (from 2019/20); overall mental health spending in 2020/21 stood at £14 billion, so this would mean a rise to over £25 billion by 2025.

In August 2020 Andrew Molodynski, BMA Mental Health Lead, said that although mental health services are not currently ready for such a surge in demand (and perhaps never have been) "hope is not lost" if actions are taken now to prepare mental health services to help those in need.

The government does not appear to have heeded the warnings from those involved in mental health services, however.

Some extra money has become available through a £10 million fund announced by NHS England in mid-September, however the money is only for community initiatives, in particular those aimed at suicide prevention.

In the spending review in November 2020, there was little that could be said to really tackle the challenge of mental health services. Rishi Sunak gave around £500 million to address waiting times for mental health services; £165 million capital funding ring-fenced for 2021-22 to replace outdated mental health dormitories with single en suite rooms; and £4.3 million to be used for green social prescribing. This comes to around £670 million, and as Vicki Nash, Head of Policy and Campaigns at the mental health charity Mind, said:

" [the funding] is some way short of estimates that due to increased demand mental health services will require more than £1bn a year for the next three years, to deal with the long term fall out of the pandemic."

The IPPR believes that much more than £500 million will be required to adequately expand mental health capacity. Its estimate is that £3–4 billion will be needed.

Experts in mental health services are already beginning to question where the £500 million has gone. In April 2021, the Royal College of Psychiatrists was calling for the additional £500m (including the £79m for children) promised for mental health to urgently reach the frontline to help tackle the crisis.

What about the staffing shortages?

Any extra funding for mental health services is of no or limited value without sufficient staff to deliver the care. A survey conducted by the British Medical Association (BMA) just before the pandemic began found 63% of mental health staff worked in a setting with rota gaps, and 69% of these said such gaps occurred either most or all of the time.

The BMA reported that there has been little growth in the mental health workforce in England over the last 10 years, with many of the key staff groups either remaining at a similar level since 2009 or declining. There has been a loss of 7,000 nurses, health visitors and midwives and 6,000 clinical support staff since 2009.

The pandemic has put severe strain on staff. The annual NHS staff survey reported in the BMJ in March 2021 found that around a third of staff said that they were considering quitting their job, and a fifth indicated that they may leave the health service completely.

What now for mental health services?

The government's 2019 Long Term Plan aimed to expand mental health services and improve primary and community mental health care, so that two million more people would be able to access mental health support each year by 2023/2024. The budget for this was £2.3 billion. Now a whole new population is in need either of new support or extra support. In light of this, an extra £500 million is unlikely to make much of an impact.

The IPPR estimates that to adequately resource the elective care backlog and the rise in mental healthcare demand will cost an additional £2.2 billion per year until 2025/26. The government, however, has only committed a one-off £3 billion to this, which will certainly not be sufficient.

Sylvia Davidson

Oxford University Hospitals trust chases private income

While most of the NHS battles to catch back up with a still-growing backlog of patients waiting for elective treatment, Oxford University Hospitals Foundation Trust is looking instead to expand its private patient business.

In 2019/20 its income from private patients, £8.1m, was less than 1% of its £960m turnover – and according to Healthcare Markets magazine CEO Bruno Holthof is now looking for private hospital operators to help increase this, beginning in the second half of this year.

This is despite the failure of the trust's attempt in 2019 to launch a central London an "executive diagnostics and screening centre" in partnership in with US-owned Mayo Clinic, which lasted only a few months.

It appears Oxford trust bosses are lured again by hopes of matching the hefty profit margins of Manchester's Christie NHS Foundation Trust, which claimed to have £13m profit from £48m turnover in a project with US-owned HCA last year, a profit margin significantly higher than most private hospital chains in England.

With the trust bumping along with just over 70% of cancer patients receiving treatment within 2 months of referral against a national target of 85%, and well below the national average with around 67% of cancer patients seeing a consultant within two weeks of referral compared with a 92% target, we might expect management attention to be focused in getting the NHS performance up to scratch.

Although the Trust has reduced its bed numbers by less than many others, its occupancy levels were down for the third quarter of 2020-21 compared with the previous year, from 97.1% to 88.7%. This does not indicate that the Trust has any spare NHS capacity that could be handed over for private patients without impacting on performance.

So despite promises that any profits will be "reinvested in NHS services" it's likely OUHFT's long-suffering NHS patients would rather NHS management's attention was focused on meeting their needs rather than running after hopes of big bucks from the world's wealthy.

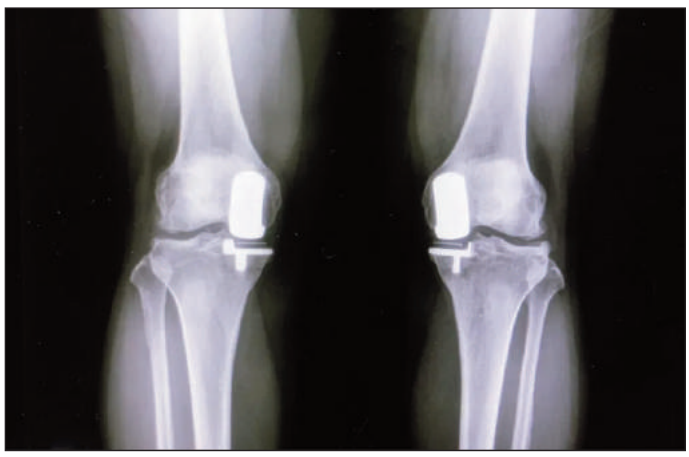
John Lister

Private sector propped up by NHS

Spire Healthcare has stated that it is "cautiously optimistic" that trading and profits will bounce back to 2019 levels after reporting income down by 6.2% to £920m during 2020, not least because of increased contract work for the NHS.

Sales picked up in the second half of the year, with "exceptionally strong growth" in self-pay revenue in quarter 4, and Covid-19 contracts bringing in £363m of the £430m of NHS funded treatment – up from £286m in 2019. In other words NHS payments made up almost half (47%) of total revenue.

But the company takes encouragement from the "lengthening waiting lists and significant demand in both the NHS and private sector resulting from the postponement of elective procedures



during the pandemic," resulting in "double digit growth in self-pay revenues in Q4 20 and January 2021."

The company is reassured by "positive" underlying trends, "with … a waiting list of private surgery and significant national unmet demand for both NHS and private diagnostics and procedures".

Australian-owned Ramsay Health Care, the private hospitals which treated the largest number of NHS patients last year saw its UK revenue fall by just 2.4% in the six months to December 2020, while private patient income dropped 82.5% to just $86m. The difference was made up by increased British government payments, which made up the bulk of its UK revenue ($394.5 out to $480.9m).

But Ramsay, too, is looking to a continued increase in private self-pay patients as well as more work funded by the NHS to help bring its balance sheets back into surplus.

Meanwhile the private hospital sector in London is looking back nostalgically at the bumper profits from 2019, when revenues rose over 7% from the previous year, and wondering whether the good times will roll again. Different companies notched up widely varying results, with revenue rising from as little as 3.4% (HCA) to 15% in the London Clinic, but also faced a rise in overhead costs. According to a new LaingBuisson report, oncology now accounts for the largest single share of private hospital business in the capital (25%), followed by orthopaedics (16%) and cardiology and heart surgery (9%).

Schoen Clinic, a new entrant to the private market (with just one hospital and 39 beds) managed to capture 11% of the hip and knee replacements in 2019 and almost 20% in 2020 if NHS patients are included: but with inflated overheads driven by its employment of consultants rather than contracting them on a sessional basis, it managed to lose £18m on revenue of £16m.

More new hospitals in the capital due to open in 2022 (Nuffield Hospitals and Cleveland Clinic) are also expected to employ consultants, forcing up the fees that they can demand from other private hospital corporations as well as piling new potential pressure on an over-stretched, under-staffed NHS. ***JL***

The other White Paper

While campaigners and commentators debate the new government White Paper, another "White Paper" on reorganising the NHS has emerged from a most unlikely source.

Gastric band and boob job specialists Transform Hospital Group, a relatively small company with hospitals in Bromsgrove and Wythenshawe, treated just 2,150 NHS patients out of the 3 million NHS procedures carried out by private hospitals during the pandemic, have produced their own 16-page critique of the government's proposals, with a few additional suggestions on how the private sector can be better "integrated" into "integrated care systems".

Apparently Transform Hospital Group (THG) has "long called for greater decision-making powers to be devolved to local level in the NHS," and think "the national rollout of the ICS model in replacement of the existing CCG structure is therefore … a positive step towards a more collaborative, partnership-led decision-making structure".

However the firm is concerned over "current lack of clarity relating to true extent to which it will foster collaboration, and particularly regarding the capacity in which independent providers will be able to contribute to the delivery of services under the anticipated structure for ICSs."

THG argue that the private sector should also be included in the provider collaboratives highlighted in NHS England's ICS consultation document, which "could – for example – take the form of a strategic advisory board made up of independent sector partners represented within the relevant geographic region."

They suggest "ICSs should … be given sufficient guidance as to how to make best use of the independent sector from the NHSE leadership…", claiming several times that "the capacity and expertise of the independent sector can play a pivotal role in the NHS' recovery from the pandemic."

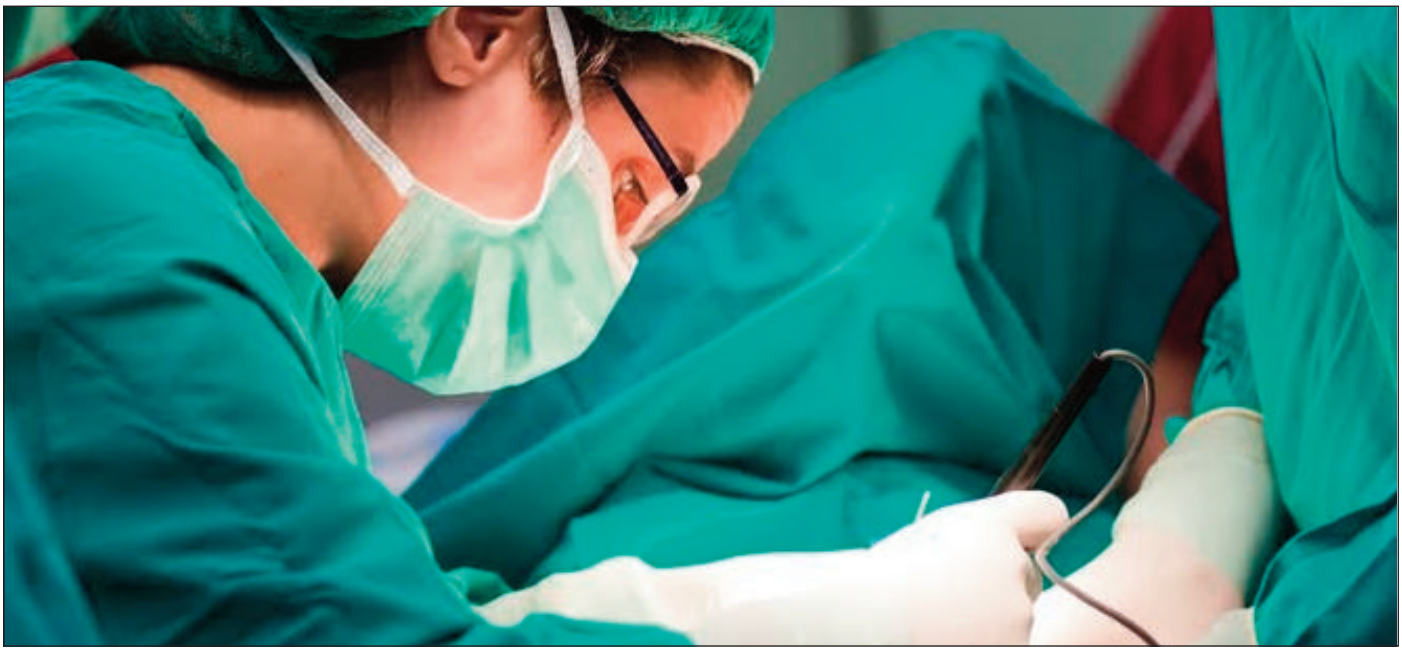
"As such, it would follow that independent sector representatives should be included in the operational structure of ICSs, in appropriate forums."

The THG White Paper ends with a 10-point plan which centres on the inclusion of the private sector in ICS boards and provider collaboratives, and calls for each ICS to "carry out an audit of providers operating within their geographical boundaries, identifying the services they can offer, the cost at which this service can be carried out," so all private providers can be included.

The NHS is also urged to incorporate the private sector into its procurement process and "draw on the commercial experience of representatives from the independent sector in order to ensure that cost efficiencies and innovations sit at the heart of NHS commissioning."

It's clear that some private providers have high hopes for big profits from an expanded role in the post-covid period, and, like THG, are seeking to push ministers to create more space for them in the new system to be set up when the real White Paper's proposals are turned into a Bill and legislation. ***JL***

Urgent action needed for post-pandemic recovery



A new analysis shows that the NHS will be unable to get to grips with post-pandemic health challenges or make planned improvements without urgent steps on funding, staffing and social care. A report by IPPR follows other evidence showing record waiting lists and a wave of new mental health distress. This article is a part of a series reviewing the key steps and issues needed to build and protect the NHS.

KEY POINTS:

- **Staff burnout, long term understaffing and NHS pay are pivotal issues**
- **The ambitions of the NHS Long term plan to improve care and raise survival rates cannot be met without increased funding and a solution for social care**
- **Lack of NHS capacity will make it more reliant on the private sector**
- **Technology can help, but many people lack digital skills causing major inequity in access to care**
- **There is a £9bn backlog in NHS hospital repairs and a lack of capital funding undermines community-based healthcare**

Funding

In 2020 the government gave the NHS £18 billion to pay for Covid-related spending plus an extra £3 billion one-off payment in the spending review in November 2020. But the budget in March 2021 gave no significant new money to the NHS.

Experts repeatedly told the government that the funding available for 2021/22 was insufficient to cope with the longer-term problems associated with the pandemic, in particular the backlog of elective surgery and the rise in mental health illness. There were warnings that services would have to be cut back.

The IPPR in its report - State of health and care: The NHS Long Term Plan after Covid-19 - published in mid-March 2021 estimates that the NHS needs over £12 billion in extra investment, including an additional £2.2 billion per year until 2025/26 to cope with the elective care backlog and rise in mental illness.

In late mid-March, Matt Hancock announced an additional £6.6 billion in one-off spending to deal with Covid-related spending over the next six months. There are however, issues with this figure according to Sally Gainsbury of the Nuffield Trust, who commented on Twitter that "it's better than nothing" but it's really a "bare minimum".

The 10-year plan, published in early 2019, came with a funding settlement amounting to an additional £20.5 billion for day-to-day NHS spending by 2023/24, which amounted to an annual rise of 3.4%. At the time the consensus of expert opinion, however, was

that the NHS will need funding growth of around 5% a year over that same period in order to transform, modernise and develop services rather than just maintain services.

The pandemic changed everything; over the past few months extra funding has been provided by the government for pandemic-related costs.

Chief executive of NHS Confederation Danny Mortimer warned that "Should the Treasury budget discussions with the NHS fail to conclude this week, then we face the very real prospect of some services, particularly in the first few months of the new financial year, having to cut back."

12bn

NHS needs over £12 billion in extra investment, including an additional £2.2 billion per year until 2025/26 to cope with the elective care backlog and rise in mental illness - source: IPPR

Staffing

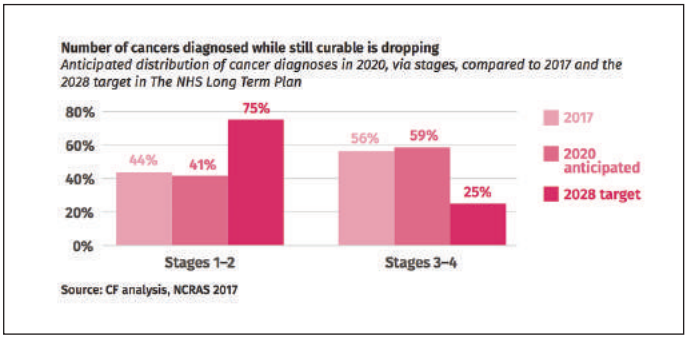
The content of the NHS People plan, which states that it seeks to change to a more compassionate and sustainable way of supporting staff, was enthusiastically received, but with a shortfall of 100,000 NHS staff before the pandemic, healthcare leaders have been frustrated at the lack of a credible plan to implement it; sufficient funding has not followed.

In July 2020 NHS England, NHS Improvement and Health Education England (HEE) published the final workforce plan for 2020/21, after a sizeable delays and revisions from the interim version, and included some lessons from the pandemic.

However beneath the progressive thinking in the document the question of workforce shortages is unresolved, but now more urgent and a top priority for NHS leaders, and have fuelled wide scepticism about whether the NHS Long-term Plan, published in 2019 could achieve its major aims.

The Conservative Party manifesto promised to deliver 50,000 more nurses, 6,000 more GPs and 6,000 other primary care professionals. Nursing numbers rose by 6000 in 2020 and there are 7000 more in training than in previous years, but there is a long way to go. The number of GPs has not increased and many other areas are working with gaps in staffing.

In mental health services, one of the worst hit by workforce shortages, a survey conducted by the British Medical Association (BMA) just before the pandemic began found 63% of mental health staff worked in a setting with rota gaps, and 69% of these said such gaps occurred either most or all of the time.



The pandemic has made workforce issues much worse. The IPPR reports that health and care leaders consider staff burnout as one of the greatest challenges of the pandemic. The annual NHS staff survey reported in the BMJ in March 2021 found that around a third of staff said that they were considering quitting their job, and a fifth indicated that they may leave the health service completely. There are also issues surrounding migrant healthcare workers, which the NHS relies on heavily, will seek other destinations as the UK tightens its migration rules.

The government has also ignored calls for a meaningful pay rise for staff - many of whom have endured pay cuts in real-terms over the past decade - instead suggesting a derisory 1%.

It is clear now that without sufficient funding, plus a meaningful pay rise for NHS staff - Unions have suggested 12.5-15% and the IPPR suggests 5% - then the People Plan 2020/21 will not avert a catastrophic loss of staff.

Saffron Cordery, NHS Providers deputy chief executive said: "We strongly support the commitment to prioritise staff health and wellbeing and to making the NHS a great place to work, but more investment is needed to make it a reality."

Covid impact

Last month the Institute for Public Policy Research (IPPR) published a report looking at how covid-19 was disrupting the aims of the NHS' Long Term Plan (LTP). The progressive thinktank discovered that the number of cancers diagnosed while still highly

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curable has now fallen to 41 per cent, against the plan's target of 75 per cent by 2028, resulting in 4,500 avoidable deaths.

New research from the Labour Party has also revealed shortcomings in cancer treatment during the pandemic. It showed that almost 330,000 cancer patients had missed the key NHS waiting time of two weeks for an urgent referral, while 13,000 waited over a month for treatment and 6,000 waited more than four weeks for surgery.

And this month a research study from Imperial College London found that cancer patients in the UK were more likely to die following a covid diagnosis during the first wave than patients across Europe, and that they were also less likely to have been receiving cancer treatment at the time of diagnosis because it had been paused during the pandemic.

The IPPR report also identified the highest cardiovascular mortality in a decade, with a further 12,000 avoidable heart attacks and strokes expected by 2025 if missed treatment 'initiations' are not made up for – this is against the LTP target of preventing 150,000 cases by 2029.

Following publication of NHS England data for February, highlighting that nearly 400,000 patients were waiting more than a year to start treatment (the highest figure for 13 years), research unveiled by The Health Foundation earlier this month shows the number of patients who completed elective treatment last year was down by more than 4.5 million (ie around 25 per cent) compared to 2019 and could swell to 9.7 million,

The charity also revealed that patients who need to be admitted to hospital are now waiting longer than those who can be diagnosed and treated remotely, that access to elective treatment fell furthest in the most deprived areas, and that six million fewer people were referred into consultant-led elective care.

But the pandemic is hitting NHS staff as well as the patients they care for. In addition to the well-documented stresses of working on covid wards over the past year – last month the IPPR revealed that 100,000 nurses and 8,000 midwives were likely to leave the NHS because of those pressures – new figures from the Office for National Statistics show that at least 122,000 health service personnel are now suffering from long covid, putting an extra strain on a service that is already vastly understaffed.

Table 1: Estimates of waiting list and average wait

	Before the NHS long term plan (August 2017)	Pre-pandemic (January 2020)	Projected post-pandemic (March 2021)	Projected post-pandemic (March 2024)
Total waiting list	4.4 million	4.4 million	7.7 million	9.7 million
Average waiting time	8.0 weeks	8.4 weeks	14.7 weeks	18 weeks
% seen within 18 weeks	89%	84%	66%	48%
Number waiting 52 weeks+	1734	1843	120128	483344

REAL Centre
The Health Foundation ©2020

Source: Health Foundation analysis of NHS England: Referral to Treatment (RTT); 18 Weeks RTT waiting times data following Finder's methods; Strategy Unit

And mental health charity Mind's recent survey of emergency responder staff and volunteers found that 75 per cent of ambulance staff said their mental health had worsened since the pandemic began.

Technology

The NHS Long Term Plan, published in early 2019, envisioned the NHS eventually offering a 'digital first' option for most services, and this aspiration was quickly fast-tracked to meet the public health challenges of the pandemic last year, leading health secretary Matt Hancock to tell a meeting of the Royal College of Physicians last July, "From now on, all consultations should be tele-consultations unless there's a compelling reason not to."

Take up of these digital opportunities has been rapid, with GPs and hospital consultants now regularly conducting patient consultations over the phone or via Zoom, developments such as smartphone-enabled 'wearable' tech featuring in NHS England's roll-out of its At Home programme, and the growing use of apps such as the Hancock-endorsed GP at Hand product from Babylon Digital Healthcare.

But, as The Lowdown noted earlier this year, data sharing and the dystopian prospect of NHS patient records being monetised is as much a feature of the 'digital first' era as patient safety in a public health emergency.

One element of last year's fast-tracking was the suspension of section 251 of the National Health Service Act 2006, which then allowed NHS trusts, local authorities and others to process confidential patient information without consent for covid-19 public health, surveillance and research purposes.

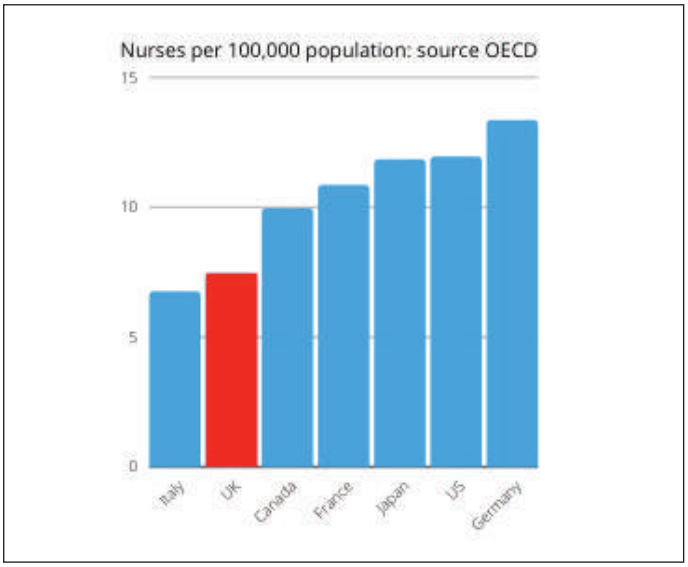
Although there has been no suggestion that the suspension has benefited commercial interests in any way, tech-savvy patients will no doubt be aware that major players such as Google, Amazon, Microsoft and Palantir have been helping the NHS meet its data requirements for some time now.

And online access – or lack of it – remains a significant barrier to widespread take-up of digital tech for some. More than 10 per cent of people lack access to a decent broadband service, a similar number lack the skills or resources to access such a service, and others are excluded because of a mental or physical disability. NHS Digital backs this up, saying take up of its various digital health initiatives is constrained because 11,300,000 people lack the basic digital skills to use the internet effectively, and 4,800,000 never go online at all.

Buildings

The NHS 'estate' is in a poor condition, ill-prepared for the challenges of social distancing and remote consultations.

In 2019/20 – the latest figures available – the cost of clearing



the hospital maintenance backlog alone was estimated at £9bn (up 40 per cent on a year earlier) and much of that backlog related to risk issues dating back to the 1960s and now identified as 'significant', potentially impacting on patient safety.

The role of PFI consortiums is contributing to the problem. Last year the National Audit Office noted, "PFI providers have an incentive to limit expenditure on maintenance and rectification work in the final years of a contract."

The situation in primary care (where barely 50 per cent of GP surgeries consider their premises fit for current needs) and social care (where it's estimated that more than 80 per cent of care home stock is over 40 years old) is no better. Both sectors need major investment.

But given the scale of the problem the response from the Department of Health & Social Care has been underwhelming. The £600m in new investment unveiled by health secretary Matt Hancock last year, for example, barely scratches the surface when it comes to "building back better".

And the government's 'aspirational' plan to build 40 new hospitals appears to be just more of the same. The promised £3.7bn funding for them will struggle to meet the actual £20bn construction cost, and so the bulk of the money pledged is expected to go to just six sites.

The much-hyped Nightingale concept, introduced to bolster the NHS estate during the pandemic, has failed to add anything to the mix bar eye-watering expenditure. Earlier this month it was revealed that the Nightingale hospital in Bristol – which cost £16m to set up, and a further £1m a month to run – closed at the end of March, despite never having treated a single covid patient.

One group making a stand on the issue of inadequate buildings is the One Voice coalition, a campaign to improve maternity facilities. Its co-chair Gill Walton told Health Business magazine, "Many of the buildings used [for maternity services] are old and in need of repair. They are simply not fit for purpose."

Privatisation

Hundreds of contracts for services/products related to the pandemic were given to private companies. Now firms see the huge pressure on the NHS as a prime opportunity to expand their share of the NHS budget.

In March 2020, the pandemic led the government to adopt emergency procedures for contracts, which meant that contracts were no longer put out to competition. Large contracts have been handed to companies like Serco, management consultants and private hospitals, with no competition or scrutiny. Over the following months numerous media reports appeared highlighting major problems with these contracts.

In November 2020, the National Audit Office (NAO) published two damning reports on the government's buying and outsourcing procedures since March. The reports criticised the use of 'VIP' channels for companies that had connections with MPs, the Conservative party and its contacts, and also the massive amount of money wasted on buying PPE.

In February 2021, Operose Health Ltd, the UK arm of the large US healthcare insurance provider Centene Corporation, acquired AT Medics, which operated 49 GP surgeries across London, providing services to around 370,000 people, with 900 employees.

In the same month a leaked copy of the government's White Paper included plans to scrap the much criticised competition rules, which allow commercial companies to bid for a vast array of NHS contracts and were a keystone of the Tory health reforms of 2012.

This change of heart about privatisation of the NHS, contrasts sharply with what has happened in the pandemic with contracts. However, this change may well have little impact on the NHS.

It is a positive that the NHS will no longer have to waste time and money on tendering out contracts, but the reality is that the private sector has already won £20bn in contracts throughout the competition era, according to figures from the NHS Support Federation, and there is no sign of these contracts being transferred back into the NHS. Prior to the pandemic, the NHS did not have the capacity to take these services back in-house, now with the backlog in elective care and rise in mental illness, the NHS will be forced to continue to seek help from private companies for some time to come, unless sufficient funding is provided to boost the NHS' capacity.

Sylvia Davidson, Martin Shelley and Paul Evans

Future articles in this series will look at the NHS integration project and the forthcoming legislation.

Fantasy and denial in under-funded NHS

...continued from page 3

new figures showing a drop of 4.5 million elective operations carried out by the NHS last year, and warns that "The waiting list is already at the highest level it's been since comparable records began in 2007, and if it did rise from 4.6 million now to 9.7 million by March 2024 as we estimate, that's more than double the waiting list now,"

The further £6.6bn funding for the NHS to deal with Covid from the 6 months starting April 1, with a further £341 million for adult social care is nowhere near enough.

It's £1.4bn less than the £8bn extra costs attributed to Covid over the same period last year, for which just £7bn funding was allocated, on the assumption that the NHS would "save" £1bn by drastically (and disastrously for some patients) cutting back its elective activity, reducing its spending on surgical consumables.

But that saving could only at best be a temporary one, a delay rather than an avoidance of spending. This year amid a chorus of warnings over the scale and impact of longer waiting times and hugely increased waiting lists hospitals are seeking to speed up waiting list treatment and reduce the numbers of long waits, so the extra £1 billion is needed – and more.

The more NHS trusts are able to return to normal and above normal levels of elective work, the higher combined cost of routine and additional ongoing covid workload. The covid toll of physical and mental ill-health among staff is also increasing costs by requiring greater use of agency staff to fill sickness absence.

Rishi Sunak is so far breaking his promise to give the NHS "whatever it needs". The Institute for Public Policy Research has argued an extra £12bn a year investment is needed in the NHS and care system to try and recover after the pandemic.It's clear the austerity regime that has effectively frozen real terms NHS funding since 2010 is still very much alive and kicking...

John Lister

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You can help us to continue to counter bad policy, battle neglect of the NHS and correct dangerous mis-information. Supporters of the NHS are crucial in sustaining our health service and with your help we will be able to engage more people in securing its future.

We know many readers are willing to make a contribution, but have not yet done so. With many of the committees and meetings that might have voted us a donation now suspended because of the virus, we are now asking those who can to give as much as you can afford.

We suggest £5 per month or £50 per year for individuals, and hopefully at least £20 per month or £200 per year for organisations. If you can give us more, please do.

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