The lowdown

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

Pay award crucial to prevent an 'exodus' from the NHS

Health unions were united in their condemnation of the government's pay award for NHS staff this week, pointing to the need to do more to support staff and stem the flow of staff leaving the NHS.

After a series of real terms pay cuts over the last decade union leaders are in no mood to accept this latest offer of 4% against inflation which currently stands at 11.7%.

According to figures by the Health Foundation the pay of nurses and health visitors has dropped by £1,600 over the past decade, whilst scientists, therapists and technical staff earn around £2,400 less in real terms.

Royal College of Nursing (RCN) Chief Executive and General Secretary Pat Cullen "A pay rise of 4% would be an insult, leaving an experienced nurse more than £1,400 a year worse off. Ministers have a very important choice to make – deliver an above inflation pay rise for the nursing profession or the current exodus of staff will continue, putting more patients at risk," she explained.

Across England last year over 38,000 nurses and health visitors left the NHS – 11% of the nursing workforce according to figures by NHS Digital, citing the pressure of the job

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and the difficulty in maintaining the standards of care. At the same time 40,000 new staff joined the NHS, but a further 50,000 nursing posts remain unfilled.

The retention crisis could worsen according to a survey carried out by UNISON of more than 9,000 health workers in England, which found that almost half (48%) are seriously considering leaving the NHS in the next year, and the union believes this trend, unless abated, will seriously undermine efforts to reduce the 6.5m strong waiting list.

The Unison survey also found that of those thinking about leaving, three fifths (61%) were attracted by better pay, while one in five (21%) wanted to work in less-pressured working

Pat Cullen

conditions. Around two thirds (68%) of NHS staff say they will look for other, better-paying work, if this year's NHS pay award does not keep pace with the cost of living.

No new funding to pay for rises

A worryingly similar picture is emerging across the NHS. NHS digital figures outline how In the last year more than 9% of ambulance staff in England left the NHS and the size of the workforce fell (1796 were recruited against 1,687 that left). Of the 175,000 Scientific, therapeutic & technical staff – 11.9% left the NHS with only slightly more joining.

Anita Charlesworth, Director of Research and the REAL Centre confirmed the scale of the real-terms basic pay cut for nurses – the biggest section of the workforce, and means a reduction of between £1,400 and £2,500 on average per full-time equivalent.

Speaking on the day of the announcement she also highlighted the lack of funding within current the NHS budgets to support pay rises.

'Today's offer to staff increases the NHS pay bill by almost 5% in 2022/23* – with pay rises weighted more heavily towards the lower paid. This is more generous than the 3% proposed and accounted for in the autumn. However, no new money has been announced to pay for the further increase, which will need to be paid from the existing health budget. The government can't keep piling unfunded commitments into the NHS and leave it to those on the frontline to pick up the pieces – the NHS deserves better.

'A kick in the teeth'

NHS workers are already receiving public support as they consider their next step. Good Morning Britain's health editor, Dr Hilary, said that NHS workers struggling 'isn't right' and the government are 'blackmailing' the workers. A poll of the public found that 55% of 2,073 people quizzed by Savanta ComRes supported an above-inflation wage rise for health staff. Only 28% thought a below-inflation rise to be fair.

Unite general secretary Sharon Graham said: "The Government promised rewards for the dedication of the public sector workforce during the pandemic.

"What they have delivered instead, in real terms, is a kick in the teeth. The so-called wage offer amounts to a massive national pay cut. We expected the inevitable betrayal but the scale of it is an affront."

Unison general secretary Christina McAnea said: "Fed-up staff might well now decide to take the matter into their

Anita Charlesworth

own hands…If there is to be a dispute in the NHS, ministers will have no one to blame but themselves."

Society of Radiographers Executive Director, Dean Rogers commented "Since last year's pay award we've had NI increases, increased student loans, the re-introduction of parking charges and we know around 70% of NHS staff will see pension contributions increase in October…. There is a real risk that this might result in more people choosing to leave the NHS.

NHS pay offer: ministerial influence trumps the evidence

The NHS Pay Review Body is supposed to be an independent body, and in some ways it is; but in very important ways it allows itself to be steered by ministers and civil servants.

Its 35th report, for 2022, is a bundle of contradictions – offering some hard-hitting facts and revealing analysis, repeating some of the telling evidence the panel has received from trade unions and other bodies – but also being limited by the remit letter received from then Health and Social Care Secretary Sajid Javid, which set them on a mission impossible.

Javid's remit, written on November 30 as the surge in price inflation was only just beginning, requires any increase to fit within the existing budget – yet at the same time "ensure that the NHS is able to recruit, retain and motivate its Agenda for Change workforce:"

"As the NHS budget has already been set until 2024 to 2025, it is vital that planned workforce growth is affordable and within the budgets set, particularly as there is a direct relationship between pay and staff numbers."

Given the scale of current and projected inflation the PRB has not been able to comply completely with this brief, but they have stopped short of making the logical call for extra funding to cover the excess cost of their proposed pay increase. That's why ministers have been willing to accept the PRB recommendations in full.

But the contradictions in this approach appear again and again. For example Chapter 3 reports warnings from England's Department of Health and Social Care that an additional 1% of pay for the HCHS workforce as a whole costs around £900 million "which is equivalent to around 16,000 full-time nurses or 500,000 procedures."

The PRB limply notes: "NHS England and Improvement told us … pay awards that are higher than the affordable level, and which are not supported by additional investment, will result in dif-

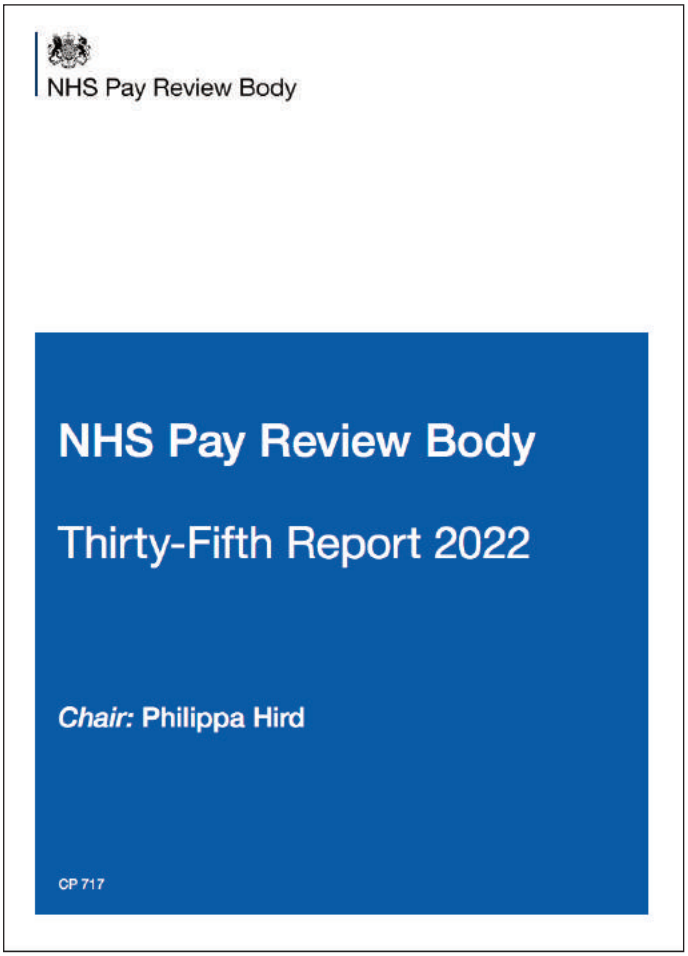
ficult trade-offs during the year on staffing numbers and the ability to deliver activity volume. These decisions will have a longer-term impact on the NHS's ability to restore services and make progress in tackling the elective care backlogs which have grown during the pandemic."

The PRB also notes NHS England and Improvement warning that because of the scale of assumed efficiency savings built in to the Long term Plan "it would not be credible to rely on further efficiencies in order to fund headline pay awards."

But, confined by the remit letter, the PRB does not make the obvious recommendation that to prevent potentially damaging consequences of a funding gap the government must fully fund any award.

The PRB also notes briefly in passing the huge gap between private sector average earnings growth (8.2% in the three months to March 2022) and public sector average earnings growth at 1.7% – "having fallen from a peak of 5.6% in March 2021 when parts of the public sector were working longer hours as part of the response to the COVID-19 pandemic."

The issue of pay justice after more than a decade of falling real terms pay across the NHS also emerges in repeated warnings that the lower pay bands of Agenda for Change now offer hourly rates, shift patterns, stressful and demanding work and limited flexibility of working patterns that compare poorly with the six largest supermarkets all offering at least £10 per hour, Amazon warehouse staff and other private sector employers also competing for staff: "Manchester Airport and Stansted Airport advertising entry level Security Officer roles starting at £12.04 p/h and £14.00 p/h, respectively."



The PRB points out "This is compared to Band 2 roles in the NHS which are being advertised with a starting salary of £9.65 p/h, Band 3 roles at £10.40 p/h and Band 4 roles at £11.53 p/h... Social care providers are also experiencing the same challenges."

To make matters worse, "the results from the 2021 Staff Survey for England are clearly worse than those for 2020, and in many instances the least positive since 2017."

Pay awards unlikely to boost inflation

Since the 2020 Staff Survey, the proportion of staff satisfied with pay has fallen from 36.7% to 32.7%, the proportion of staff who felt that there were enough staff has reduced from 38.4% to 27.2% and the proportion of staff thinking about leaving has risen from 26.5% to 31.1%.

And stress and bullying at work are clearly factors in the most common causes of sickness absence now being "anxiety, stress, depression and other psychiatric problems."

Interestingly the PRB does not buy in to the Tory mythology that seeks to blame inflation on high wages, noting that drivers of the highest recorded level of inflation for 40 years include "increases in the costs of consumer goods, underpinned by strong demand from consumers and supply chain bottlenecks …" while "another important driver of inflation is energy prices."

Ministers will not have been too pleased to read, albeit tucked away in the PRB report:

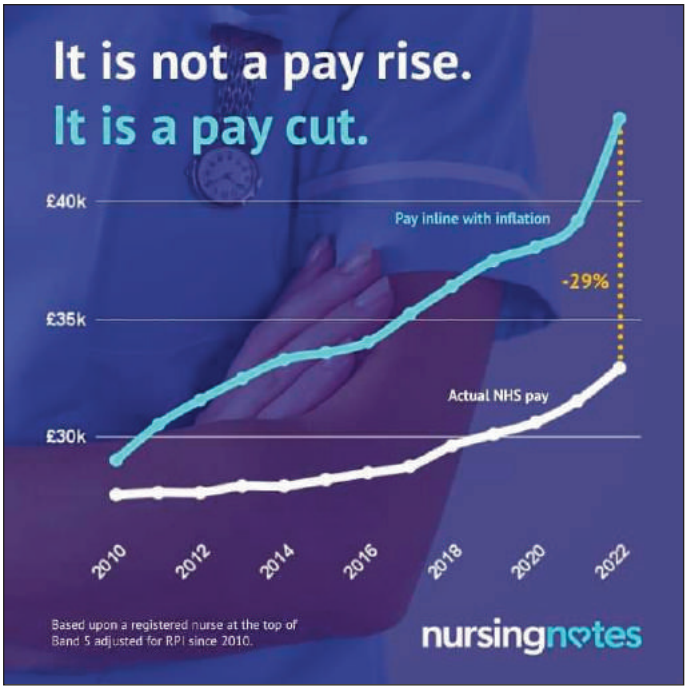
"We note the concerns that increases in pay could feed into a wage-price spiral, although also recognise there are other fundamental drivers of current inflation challenges. As earnings growth remains substantially below inflation, we judge that increases in earnings present a much lower risk to increasing the rate of inflation compared to some of the other fundamental drivers."

However the pressures are not only being felt on the lower pay bands: the PRB emphasises the need to "retain the expertise of senior healthcare professionals, primarily at Band 6 and 7, who will be instrumental in supporting … new trainees and recruits."

But this quite proper concern is not reflected in the recommendation of a flat rate £1,400 increase, which gives these more senior staff an increase of less than 4%. While Band 6 and 7 staff will have their £1,400 award "enhanced" to guarantee a 4 per cent uplift, they have already endured years of below inflation pay increases, and if the award is not increased they will face even more.

Further up the pay scale the award is even more tight-fisted, meaning the increase drops to between 2.6 and 1.5 per cent for managers on band 8, and 1.3 per cent at the top of band 9.

The PRB admits that its recommendations have to combat more staff leaving the NHS: "After reduced levels of attrition during



the COVID-19 pandemic, we are now seeing leaver rates returning to pre-pandemic levels and, in some cases, leaver rates are returning to levels last seen before the three-year AfC deal in 2018. … Year-on-year falls in the number of midwives are being seen for the first since NHS Digital began publishing leaver data in 2009."

Less stress outside the NHS

The PRB admits "there are substantive workforce risks related to recruitment, retention, motivation and morale. The NHS is expected, post-pandemic, to deliver increased service levels as part of the elective recovery plan. Many staff have not yet had the chance to recover from the COVID-19 pandemic. We are aware of the mental health and wellbeing support measures that have been put in place, but we heard consistently in evidence and on our visits that staff do not have the time or space to access the services in place."

The private health sector is also eager to poach more NHS trained staff as more people pay to jump growing waiting lists: "Whilst rates of base pay in this sector are comparable, it is widely acknowledged by all parties that in the private sector working pressures are significantly less and there are increased opportunities for flexible working."

While they are "aware that the NHS is operating within a heavily constrained budget envelope," the PRB argues: "However, it is necessary to increase the investment in staff pay to go some way to reduce the risk that pay is a reason to leave NHS service; to protect the service from additional temporary workforce costs; and to protect risks to patient care from the impact of increased vacancies and an overstretched workforce."

But after all of the common sense and evidence, the PRB's conclusion is a recommendation that as Jaimie Kaffash, editor of GP magazine Pulse sums up as "both too much and not enough".

It is more than the NHS is funded to pay out, and already questions are being asked about where the axe will fall in order to bridge even the £1.8bn additional costs of the PRB award.

But it's not enough even for the lowest pay bands to match projected inflation.

As the unions take note of the widespread anger at an award that falls so far below this year's predicted level of inflation, and begin to consult and prepare for ballots on industrial action they will be able to draw on some of the arguments and information in the PRB report.

Likely impact on waiting lists

But they will need more courage and conviction than the PRB panel if they are to wage action powerful enough to force the government to increase not only the pay award, but also the funding of the NHS to ensure that any further increase is not at the expense of patient care, safety and the rebuilding of services after the pandemic.

The PRB report makes repeated reference to the need to recruit and retain staff if the NHS is to stand any chance of containing and reducing the waiting list, which has risen to 6.6m since the report was written.

The sheer scale of the waiting list and its likely upward trajectory until at least 2024 is described at several points in the report, perhaps most remarkably in the evidence from NHS Employers (p156).

They recognise "tension in budgets, alongside also recognising the inefficiency of high levels of funding that goes into contracting agency staff where there are workforce gaps."

According to NHS Employers "the NHS has the longest waiting lists ever recorded, with 1 in 6 people [over 9 million] expected to be on waiting lists in 18 months." They warn that "it is critical that the NHS attracts more staff with increased pay so a higher volume of patients can be treated."

It appears that they don't say so, but of course NHS Employers are also aware that without additional funding to cover the costs of the pay increases there is no guarantee that more patients can be treated or services maintained.

John Lister

Lack of beds key to A&E and ambulance delays

The crisis in A&E, and the failure of NHS trusts to make any headway in stemming or reducing the waiting lists are not because of an increase in demand for emergency care, but a chronic shortage of front line general and acute beds, which was worsened by the pandemic, but pre-dates it and remains a major problem.

This is the clear and unambiguous conclusion from recent A&E figures compared with equivalent pre-pandemic figures.

The most recent quarterly figures show that there were 630,000 (23%) fewer of the most serious Type 1 A&E attendances in April-June 2022 compared with the same quarter in 2019: and there were 125,000 (8%) fewer emergency admissions.

But, despite this reduction in pressure, numbers of patients forced to wait over 4 hours for a bed (trolley waits) more than doubled from 186,000 to almost 385,000, and there was a staggering 49-fold increase in numbers waiting over 12 hours for a bed, from 1,320 in April-June 2019 to 65,225 in April-June 2022.

And again despite the reduced caseload, the proportion of the most serious Type 1 A&E patients treated and admitted or discharged within 4 hours fell from an already below-target 78.3% in April-June 2019 to a new low of 59.3% in the same months of 2022.

Constraints on discharging

The most recent figures show 13,500 Covid patients occupying acute hospital beds in England on July 20, falling slightly from the previous day, but well above the recent low of 3,800 on June 1. While relatively few of these patients will die or need ventilation and intensive care, the numbers of beds tied up in this way is a major problem for continuing the routine and emergency work of the NHS.

Figures for June also confirm a continuing pattern in which around 12,000 beds are occupied each day by patients who "no longer meet criteria to reside" – but cannot be discharged for

lack of social care support to live at home, suitable nursing home care or community health services.

So with June figures for numbers of general and acute beds showing a total of just 98,000 beds available in all acute hospitals, this means that long staying patients and Covid patients between them are occupying more than a quarter (26.3%) of available beds, so they cannot be used to treat emergency or elective patients.

And while a majority of the trusts with major Type 1 A&E are running in excess of 95% occupancy, the most recent quarterly bed availability figures show 3,358 fewer beds were occupied in the first 3 months of 2022 than the equivalent pre-pandemic figure in 2019.

Supply down, demand up

Overall the time series shows a reduction of almost 7,000 available front line general and acute beds in England from Quarter 4 in 2010-11 when the Cameron government slammed the brakes on NHS funding and ushered in a decade of austerity to Quarter 4 of 2021-22, and a corresponding drop of 5,464 beds occupied – while the population, and the proportion of older people has grown and the Covid pandemic has underlined the need for far greater capacity to maintain timely access to elective and emergency services.

With 56 million population, England now has just 2.3 hospital beds per 1,000 population, and just 2 acute beds per 1,000 – the fifth lowest provision among 34 OECD countries: Germany has almost three times more and France 50% more beds available per head.

John Lister

Social care sector faces challenging year ahead

The Association of Directors of Adult Social Services (ADASS) is warning that the year ahead will be the most challenging that adult social care and the people needing and working in it have ever faced. .

In its 2022 spring survey social services Directors report increases in care needs, with 87% saying more people are seeking support because of mental health issues.

73% of directors report rising numbers of cases of breakdown of unpaid carer arrangements. There are also increasing requests for support because of pressures elsewhere in health and care:

• More than eight out of ten (82%) report increased referrals of people discharged from hospital;

• 74% are recording more referrals and requests for support from the community;

• 51% are recording more referrals and requests because of the lack of other services in the community.

Almost seven in ten directors say that care providers in their area have closed, ceased trading or handed back contracts to local councils. Many more cannot deliver the increased care and support needed due to staffing shortfalls.

ADASS warns that, "Existing challenges of rising requests for support, increasing complexity of care required, fragile care markets, and underpaid, undervalued and overstretched workforce, risks being compounded by the current cost of living crisis.

"People who need care and support, unpaid carers and those who work in adult social care are amongst the most exposed."***JL***

Despite BBC hype, there's no real boom for private sector

BBC news programmes on July 22 included a prominent story on the increase in numbers of patients paying privately to secure health treatment last year, with numbers of "self pay" patients running up to 39% up on the last pre-pandemic year, 2019.

There's no doubt that the ever-rising waiting list for access to an under-funded, under-staffed NHS, currently at 6.6 million, and expected by NHS Employers to top 9 million by 2024, is driving increased numbers of patients to desperate measures, including borrowing money, digging in to savings or even crowd-funding to pay for swifter private operations.

"BBC reporting gives a false impression of large numbers effectively giving up on the NHS"

But by focusing on the large percentage increase rather than the actual numbers involved, and by giving no real context, the BBC reporting gives a false impression of large numbers of patients effectively giving up on the NHS.

This tends to reinforce the illusion that those that can afford private health care can escape the deepening crisis of the NHS. Both of these widely-held views are wrong.

The increase from the relatively low pre-pandemic base of 200,000 self-pay private patients in

2019 to the still modest recent level of 258,000 patients paying up front for operations in 2021 needs to be set against the increase in the NHS waiting list from 4.5 million in December 2020 to just over 6 million at the end of last year.

In that time over 1.5 million joined the NHS queue, many knowing they were in for a long wait, but only 58,000 additional people (less than 4%) paid to access private care – a tiny fraction even of the 300,000 or so patients waiting over a year.

Numbers are down

For many the reason will be cost – with operations costing up to £15,000. But for many others there will be other factors, not least the concentration of most private hospitals in London and the south east, or the fact that their age and other complicating factors mean that the private sector is not geared up or willing to treat them at all.

It's also interesting to note that the rise of self-pay numbers has run alongside a sharp reduction in numbers of operations paid for by private health insurance, which was 16% below 2019 levels last year.

This means that the total number of private operations were also down last year from 779,000 in 2019 to 747,000 in 2021. By comparison the NHS carried out 8.8 million elective operations in 2019-20, and 5.6 million even during 2020-21 at the peak of the pandemic.

The NHS has been reduced to 98,000 general and acute beds open overnight, which need to treat a mix of emergency, Covid and elective patients, plus 11,800 day only beds for elective work. By contrast the entire private acute hospital sector has only around 8,000 beds, mainly in small hospitals averaging just 40 beds.

Focus on international market

And while there has been some investment in new, prestige buildings by major US hospital corporations (HCA, Mayo and Cleveland Clinic) these appear to be largely aimed at a reviving international market for private care rather than British punters or the cash-starved NHS. The main private hospital operators in England have not been expanding the bed base – and some have even been selling off hospitals to the NHS.

This limited size and patchy distribution of private hospitals has also limited their use by the NHS, as the HSJ and Lowdown have recently reported, and the numbers of patients treated in private beds are well short of the levels envisaged in the controversial "framework contracts" drawn up by NHS England in the hopes of getting waiting lists down.

"The entire private acute hospital sector has only around 8,000 beds, mainly in small hospitals averaging just 40 beds"

In other words the NHS crisis is not necessarily a bonanza for the private sector. Indeed one problem for the private hospitals has been that since the peak of the pandemic fewer consultants are choosing to take private patients, limiting the private sector's capacity to expand.

According to the Private Healthcare Information Network, whose press release triggered the BBC stories, there has been a 12% reduction in the number of consultants with a known private admission from July to December 2021 compared with the same period in 2019, from 12,473 to 10,976. The reduction is most dramatic in general medicine (44%) cardiology (21%) and medical oncology (21%) with a 15% drop in gastroenterologists, while ophthalmology, gynaecology, orthopaedics and general surgery have seen the smallest drop.

Staple fare, but self-pay growing

This pattern corresponds with the data showing that the growth in self-pay treatment has been concentrated on just three operations that have long been the staple fare of the private sector – cataract operations (day case treatment for which private hospitals and clinics are geared up, and which have increased by 56% from 8145 in 2019 to 12,700 last year), hip replacements (up by 141% from 2085 to 5015) and knee replacements (up 111% from 1240 to 2620).

As we have noted many times, the decision by patients who can afford it to go private for elective surgery widens health inequalities for the millions on waiting lists who cannot afford to do so or whose treatment is not available privately. It does not question the need for the NHS to treat the majority, and to deal with the emergencies that the private sector avoids like the plague.

The increased numbers paying for care is an indictment of the government's record of underfunding of the NHS since 2010: but sadly there is no end in sight to this under-funding.

John Lister

Wake-up call on NHS staffing crisis, but what is the plan?

This week the health and select committee within Parliament confirmed what everyone working in the NHS already knows – it has a major staffing crisis, The Tory leadership candidates are not offering any new policy ideas, but a new NHS plan is desperately needed, covering all the major factors that affect the capacity of our NHS.

Key factors

1 – **Pressure on hospital beds** – hospital activity is lower than before the pandemic, whilst the number of Covid in-patients has risen sharply recently. The trend in the total number of hospital beds has been downward and historically the UK has worked with a smaller stock of hospital beds than most other countries, leaving dangerously low spare capacity.

2 – **An inadequate workforce strategy** – a decade without the proper NHS workforce planning has been exposed by the current staffing crisis. There are 106,000 unfilled posts across the NHS, so retaining the current staff must be a priority. NHS staff are already demoralised – another real-terms pay will not help. Delays in immigration visas for staff is also not helping. In the short term, efforts to fund extra staffing were made more difficult after the insistence from government that the cost must come from existing budgets. Judged by a panel of experts to be "inadequate", the current strategy should be rewritten to include a major step change in training and recruitment across the NHS. This is crucial to meet projections of high future demand. So far a funded plan has not been produced.

3 – **Underinvestment** – despite raised funding in the spending review settlement analysis viewed it as not enough to expand activity. The upsurge in inflation will devalue budgets further, leaving no room to settle crucial pay negotiations. A further rise has so far been refused and instead ministers have imposed demands for what seem to be unachievable efficiency savings, a controversial tactic which has previously led to service cuts.

4 – **Problems with buildings and equipment** – The government will spend 3.7% more annually by 2023/4 on capital, but these rises come after ten years of underfunding led to a £9bn backlog in hospital repairs, so the new funding is a welcome start,

but more is needed upfront to deal with £4.9bn of urgent repairs.

5 – **Growing reliance on private sector** – the published NHS recovery plan places heavy emphasis on support from private hospitals, but they have limited bed capacity and share many surgeons with the NHS, giving limited scope for expanding capacity this way. Longterm, outsourcing lowers standards according to a recent study, a view supported by 200 0phthalmologists who wrote jointly concerned about affects on eye patients.

6 – **Pressure on social care** – after years of neglect by all governments, the recent changes to limit the individual care costs do nothing to attack the major supply-side issues – chiefly, the reliance on a shrinking commercial home care sector. The care sector has its own staffing crisis too, short of a 100,000 care workers. An already overstretched NHS has become the prop for the lack of care services.

6 – **The neglect of prevention** – public health services have endured real terms cuts of 24% per capita in the funding paid to local authorities to prevent obesity and smoking, and to pay for children's services (2015-21). Current funding still falls well short of the projected need.

Policy makers have consistently failed to address these key factors. Without adequate action on them, bringing the NHS out of crisis so that it can provide timely, high-quality care to the whole community will be impossible to achieve.

Other factors?

There are clearly other factors that affect capacity – style of management, career development, support for staff, action on issues like bullying and discrimination have all been recognised in the NHS People Plan.

Technological advances will continue to make a huge difference in healthcare but despite the claims of policy makers they offer no immediate silver bullet to the problems of understaffing, building repairs and pressure on GPs and require proper planning and investment to make sure of the benefit.

Like any large organisation the NHS can be inefficient. Expenditure on temporary staff, management consultants and PPE contracts has been excessive and wasteful. And yet many years of underfunding has already driven managers to strip back waste and reshape activity. Digital projects, can improve data handling, diagnosis and disease management, but since ambitious targets were set little progress has so far been made.

More detail on the key factors

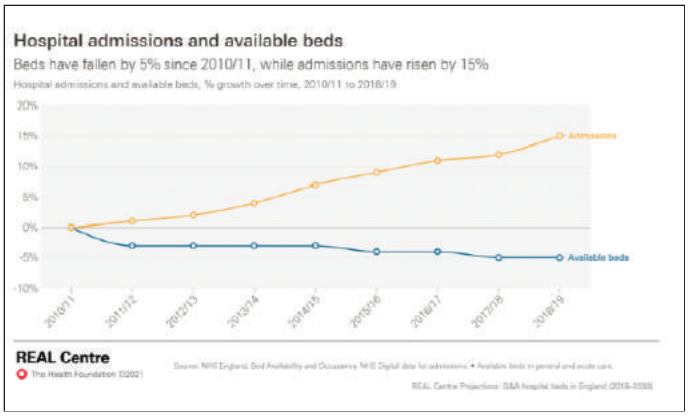
Pressure on hospital beds

During the pandemic NHS hospitals closed beds to help control the spread of infection. And by the end of 2021 there were 3,385 fewer beds occupied than before the pandemic (2018-19), and planned hospital activity levels have dropped too, down by 12%.

Covid continues to have an impact with a sharp rise in the number of covid patients to around 9000 in hospital, up from 3,800 in just one month (June)

There has also been a long-term decline in NHS bed numbers that pre-dates the pandemic, the UK works with a smaller bed capacity than other countries – the average number of beds per 1,000 people in OECD EU nations is 4.6, Germany has 7.9, whereas the UK has just 2.4.

The number of maternity beds decreased from 7,906 to 7,668 (a 3% decrease) between 2010/11 and 2021/22, a trend which has contributed to the trend of maternity units being forced to close to new patients during busy periods.



As in other countries the average length of time that in-patients spend in hospital has been reducing. More surgery is performed on a day case basis, although the number of day beds has risen by only 200 since 2010/11, whereas the total number of overnight beds has fallen by 12,000.

Due to the lower bed stock in the UK bed occupancy rates are often higher than the safe minimum (85%), and certainly higher than in other comparable countries, leaving too little spare capacity in the system to cope with seasonal fluctuations. Combined with the pressures on social care, and lack of investment in staffing this has been the recipe for regular periods where patient care is compromised because the NHS is overstretched.

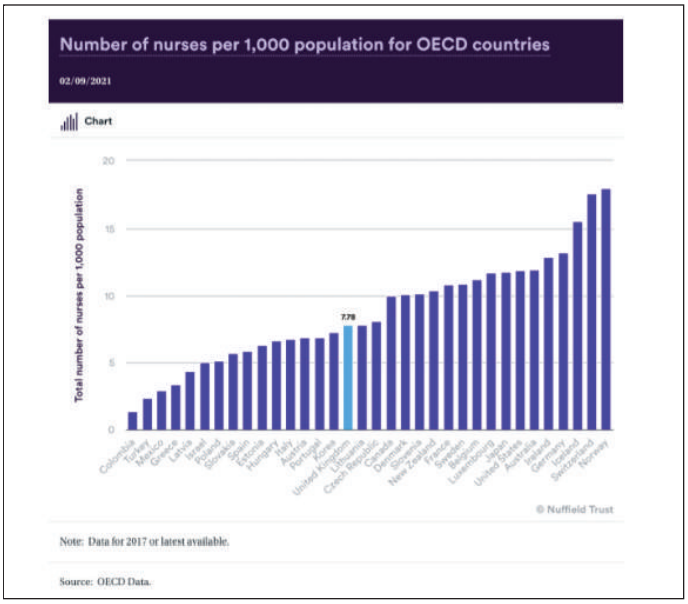
Lack of a funded workforce strategy

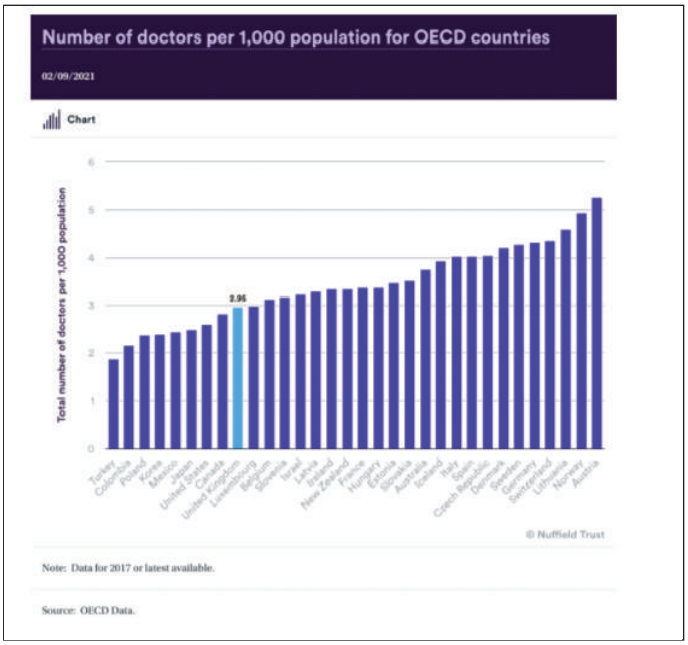
NHS leaders name the lack of staff as their top challenge. This key function – of planning adequate staffing levels has been failing for a number of years. Despite the publication of the NHS People Plan – the funding to bring about a planned step change in staffing across the NHS has not been made. In fact,

before he resigned Sajid Javid clarified in a speech in May that no new money would be available for extra staffing.

The result is that NHS staff are under far greater pressure, trying to care for the rising numbers of patients, but increasingly staff are finding working conditions unacceptable, higher numbers are retiring early or leaving the NHS because of the pressure.

With every year of inaction the crisis gets worse. The REAL centre has revised their estimates because of the lack of progress on staffing, now saying that an extra 6,200 consultants (up from 4,400) and another 25,700 nurses (up from 18,300) will be needed, over and above existing NHS staff vacancies, in order to meet government targets for elective care by the end of the parliament.





Progress?

Overall NHS number of staff has risen by 2.2%, but of the current nursing posts 50,000 are unfilled, along with 12,000 medical vacancies. As the REAL centre figures indicate the size of the NHS workforce will need to rise significantly over the next few years.

Manifesto [pledges

6,000 more GPs?

In its manifesto the Conservatives promised 6000 more GPs – there are now 1,608 fewer fully qualified full-time equivalent GPs today than there were in 2015, Each practice has on average 2,222 more patients than they did then. GPs have on average 37 patients contacts a day when the safe level is 25, increasing the risk of fatigue, poorer care and burnout.

50,000 new nurses?

Despite ministerial claims to be on track, recent the target will be missed by 10,000 according to the latest predictions. In 2022 the nursing sector still has a vacancy rate equivalent to ten per cent of the workforce. Aside from the problems with pay and moral, one in five nursing registrants is aged 56 or older – and therefore likely to retire within the next few years.

District nursing numbers have fallen by 46% since 2009, and are down over the last 5 years too, despite government promises on staffing, whilst caseloads are climbing.

One in 10 of psychology, psychiatry and therapist jobs are vacant in the NHS. 340,000 cancer patients face late diagnosis due to NHS staff shortages.

The number of midwives has fallen by 300 in the last year. the Royal College of midwives warned of a midwife exodus due to overwork and the fear that they cannot deliver safe services.

It will take until 2046 before the NHS has the number of practicing doctors per 1000 people required to match today's OECD EU nations' average. We are therefore 25 years behind according to the BMA.

A study by Stanford University School of Medicine found that doctors who reported at least one major symptom of burnout were more than twice as likely to have reported a major medical error within the previous three months.

Doctors responding to the NHS staff survey, 57% said they would go to work even when feeling unwell, and 77% report experiencing unrealistic time pressures elevating the risk to staff and patients.

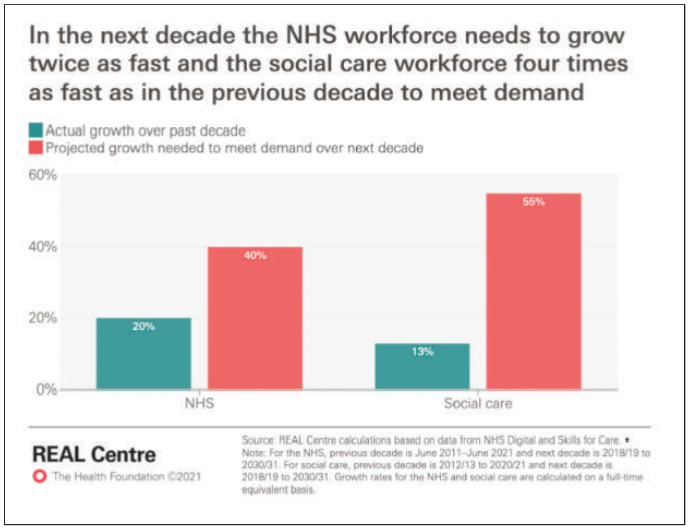
A panel of academic experts have recently produced this summary of the current workforce strategy, based on a full report for a committee of MPs investigating the issue, judging it to be "inadequate".

Planning for the workforce

Commitment	A. Commitment Met	B. Funding and Resource	C. Impact	D. Appropriateness	Overall
Ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs.	Inadequate	Inadequate	Requires improvement	Requires improvement	Inadequate

The scale of the challenge has not yet been grasped by policy makers. Not only have they to make up for years of underinvestment, the sharp rise in health need from the growing numbers of older people and those living with chronic illness means a huge new training and recruitment drive must start now.

Analysts at the REAL centre calculated that by 2030/31, up to an extra 488,000 health care staff would be needed to meet demand pressures and recover from the pandemic – a 40% increase in the workforce and double the growth seen in the last decade. They also found that 6oo,000 extra social care staff would be needed – 55% more, and 4 times greater than the increases of the last decade.



Buildings and equipment – "40 new hospitals"?

After analysis the government's claims to be building 48 new hospitals seem completely over blown as the true figure is nearer 6 – three projects to rebuild non-urgent care hospitals and only three are new hospitals. According to research by the Nuffield Trust, a further 22 are renovation projects on existing buildings and 12 are new wings within existing hospitals.

Laurie Rachet-Jacquet, an economic analyst at the Health Foundation, told the BBC: "They are not all 'hospitals' as most people would recognise them." She suggested that cost building 40 new hospitals would be far higher. "Around £3.7bn has been committed to the Hospital Building Programme. But according to NHS Providers, a mid-sized hospital costs around £500m. Forty completely new mid-sized hospitals would therefore require in the region of £20bn – not £3.7bn."

These headlines distract from the more damaging neglect of capital budgets leading to a the massive £9 billion backlog for maintenance – which according to the latest ERIC figures rose almost 40% in 2019-20, and is now almost as large as the whole of the current DHSC capital budget, and the cost of running the entire NHS estate (£9.7bn)

The government has made some progress announcing annual increases of 3.7% by the end of 2024/25 in real terms, however more immediate funding is needed as £4.9bn to the deal with the urgent work, assessed to be a 'significant' or 'high' risk, threatening patient safety.

Alongside its increased spending commitments announced after the Spending Review in October 2021, a list of projects have been also been talked up by ministers, with impressive yet opaque price tags. Below health researcher and writer Dr John lister gives his over view and raises doubts about the scale of funding and whether they can achieve their stated goals…

..."£4.2 billion by 2025 "to make progress on building 40 new hospitals by 2030 … and to upgrade more than 70 hospitals". £4.2bn is nowhere near enough. In fact all of the prioritised new hospital projects are at a standstill, with new limits on spending causing chaos. The invitation for bids for an additional eight new hospital projects to bring the total to 48 has resulted in an additional barrage of hugely expensive, unaffordable schemes. And a string of 1970s-built hospitals across the country are increasingly unsafe as concrete planks crumble, requiring hugely expensive stop-gap measures, and threatening to collapse on patients and staff.

...£2.3bn by 2025 to "transform diagnostic services with at least 100 community diagnostic centres …". However the first such community diagnostics centre, recently opened in Somerset, turns out to be yet another project reliant on the private sector. It is being run by Rutherford Diagnostics Limited, in partnership with Somerset NHS Foundation Trust. Peter Lewis, chief executive of Somerset NHS Foundation Trust, told the local press: "We entered into our partnership with Rutherford Diagnostics Limited in June 2020 because, despite our investment in MRI and CT scanners, and our continued use of mobile scanners, we were concerned that our trust would not keep pace with demand for diagnostic tests in the future." For similar reasons it's likely most if not all of the new centres will also expand the use of private companies.

...£2.1bn by 2025 for "innovative use of digital technology" – another door opened for expensive whizz-kiddery and unproven apps and systems, with control divided between NHS Digital, NHSX and NHS England.

...£1.5bn by 2025 for "new surgical hubs, increased bed capacity and equipment." This sounds a lot but is equivalent just over £3mn per year per acute trust: and new beds and equipment beg the question of where the staff can be found to allow them to operate properly.

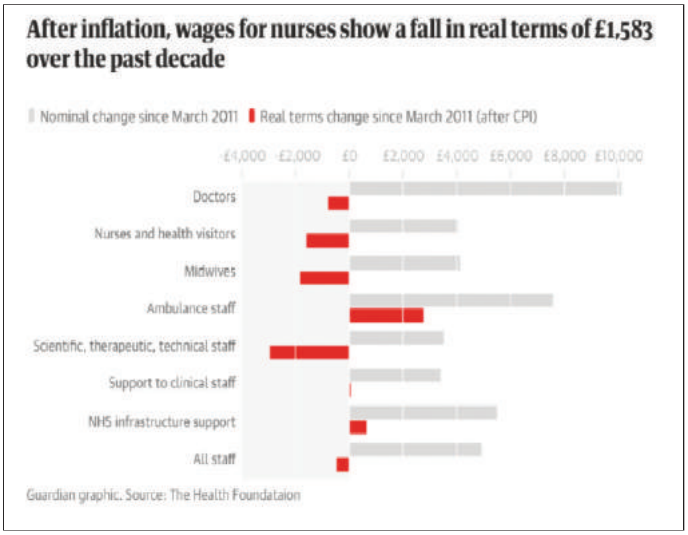
...£450m by 2025 for projects in England's 54 mental health trusts, allegedly to replace dormitories with single en-suite rooms, and invest in new facilities linked to A&E and "to enhance patient safety" – again a pathetically inadequate amount to pay the rebuilding and other costs involved. "

Funding – what is enough?

Record funding helped to meet the challenge of Covid for two years, but levels have since fallen back to £172m in 2022/3 – still a huge figure in comparison with other government departments, but the common view amongst economists is that it is far from enough. The huge backlog added to the damage done by an 8-year squeeze on NHS funding (2010-18) prior to the pandemic means far greater and more sustained reparation is needed.

The NHS needs around 4% annually to cover growing health costs, according to calculations by the IFS and others – although climbing inflation will push this figure up too.

Before the pandemic rise in funding averaged around 2% across the previous 8 years. Over the next two years NHS funding is set to rise by just 1.2% annually, and that is very likely to be eroded by inflation, at a time when there are key areas crying out for long-term investment.



A key plank in the effort to retain staff is the provision of cost of living increase for all NHS staff, but current budgets only provide for a rise of 3% and so minsters will have to produce more funding to make any reasonable settlement affordable for NHS employers.

Privatisation

Large contracts have been signed with private hospitals to-help with the waiting lists. It is is important to have this fallback for those patients that can't get timely treatment but there are major flaws in the governments current plans, which has so far proved poor value.

There is limited scope for private hospitals to expand NHS capacity, they can only provide a fraction of their 8000 beds (which under 10% of the NHS bed capacity). Most surgeons working in private hospitals also work in the NHS and so there is a limit to the extra work they can do before they are reducing the time they spend on NHS patients.

Private hospitals are not evenly distributed across the country, but concentrated in London, the south east and more prosperous populations. Deprived areas will be left out of this aspect of the recovery plan.

Privatisation of the NHS has been found to correspond to a decline in care quality and "significantly" increased deaths from treatable causes, according to a study from researchers at the University of Oxford.

The study – Outsourcing health-care services to the private sector and treatable mortality rates in England, 2013–20: an observational study of NHS privatisation – published in The Lancet Public Health analysed data from Clinical Commissioning Groups (CCGs) in England and the researchers concluded that:

In the letter, signed by nearly 200 ophthalmologists and sent to NHS England and the Royal College of Ophthalmologists and shared with The Independent, they warn of "the accelerating shift towards independent sector provision of cataract surgery" which is already having a "destabilising impact" on safe ophthalmology provision.

They predict that the wide scale use of private providers will "drain money away from patient care into private pockets as well as poaching staff trained in the NHS." adding that "urgent action" is needed to prevent further work being given to the private sector.

CHPI director David Rowland expressed similar concerns to the newspaper: "There is a big risk that unless government provides adequate funding for the NHS, more and more people will be forced to pay privately, which in turn will undermine middle-class support for a tax-funded NHS." He predicted the possibility of ending up with a two-tier system, where the NHS is a residual service for those without the means to pay.

Social care

Almost 170,000 hours a week of homecare could not be delivered in the first three months of 2022 due to a shortage of care workers, according to the latest Waiting for Care and Support report from the Association of Directors of Adult Social Services (ADASS), and the number of people waiting for assessments, reviews or care to begin is now at over half a million.

The first three months of the year saw a 671 per cent increase in unmet hours compared to spring 2021, according to the survey, which also found a 16% increase in the number of hours of homecare that have been delivered compared to spring 2021.

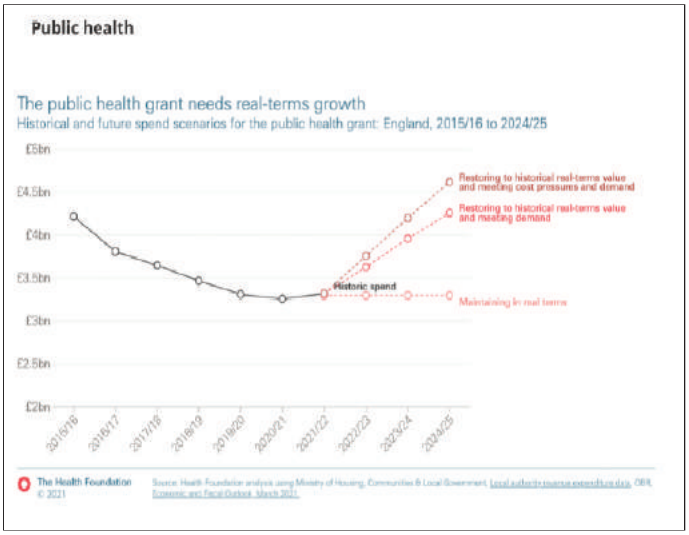
The number of people waiting for assessments, reviews, and/or care support to begin as of February 2022 was 506,131, a significant increase from the 294,353 people reported as waiting in September 2021.

As well as the high level of unmet need for many in the community, the problems in home care have a knock-on effect – NHS hospitals struggle to discharge patients back home, which in turn reduces beds available for patients from A&E and for elective care, which contributes to ambulance waits, cancelled clinics and cancelled operations, and makes it more difficult for hospital trusts to reduce waiting lists and respond to emergencies.

Furthermore, prolonged stays in hospital can increase the risk of infection for the patient and a deterioration in physical and mental health.

ADASS warns that "Existing challenges of rising requests for support, increasing complexity of care required, fragile care markets, and underpaid, undervalued and overstretched workforce, risks being compounded by the current cost of living crisis.

Public health



DONATE

If you've enjoyed reading this issue of The Lowdown please help support our campaigning journalism to protect healthcare for all.

Our goal is to inform people, hold our politicians to account and help to build change through evidence-based ideas. Everyone should have access to comprehensive healthcare, but our NHS needs support.

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.

Please send your donation by BACS (54006610 / 60-83-01), or by cheque made out to NHS Support Federation and posted to us at Community Base, 113 Queens Road, Brighton BN1 3XG

With thanks and best wishes from the team at The Lowdown