

# NHS services in the face of increasing demand – what does it mean for patients?

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Royal Institution of Chartered Surveyors

# The NHS in 2017

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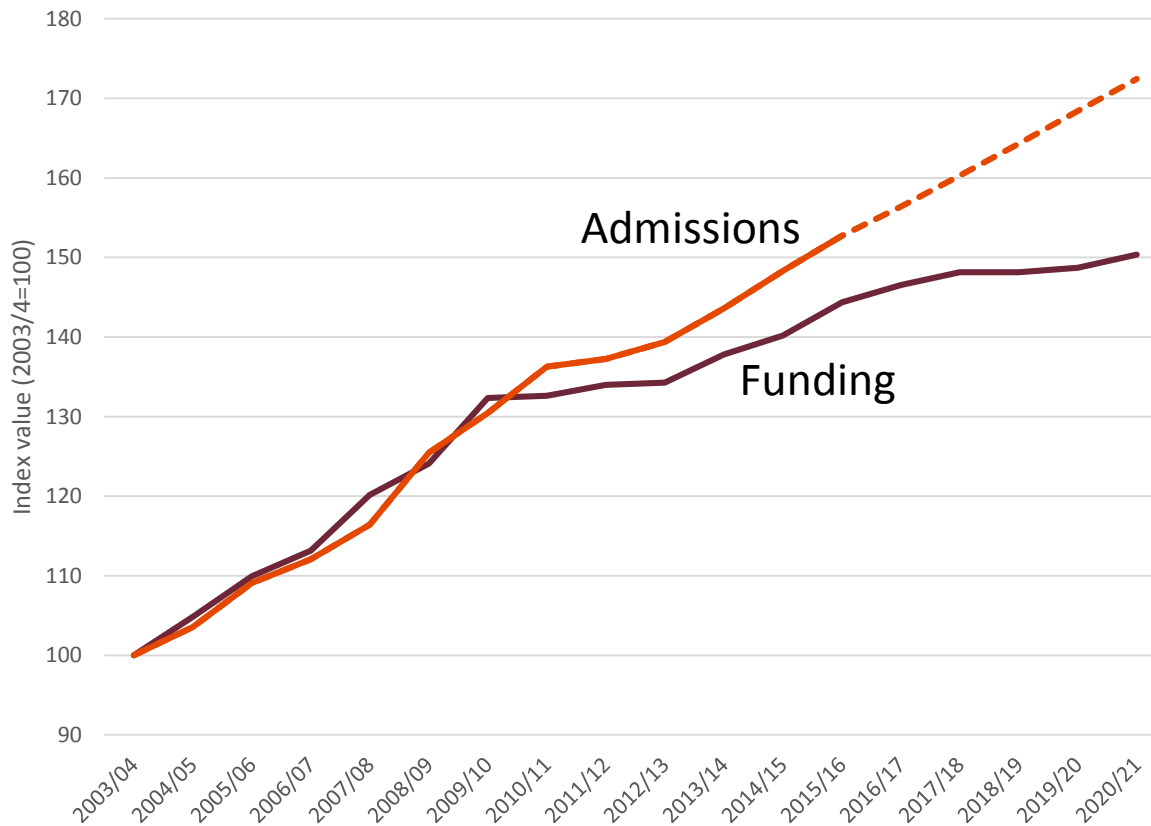


# The NHS in 2017

- › The core challenge
- › More for less (or lots more for slightly more)
- › Bringing it all together

# The core challenge

Department of Health real terms funding and total hospital admissions, 2003/04 = 100

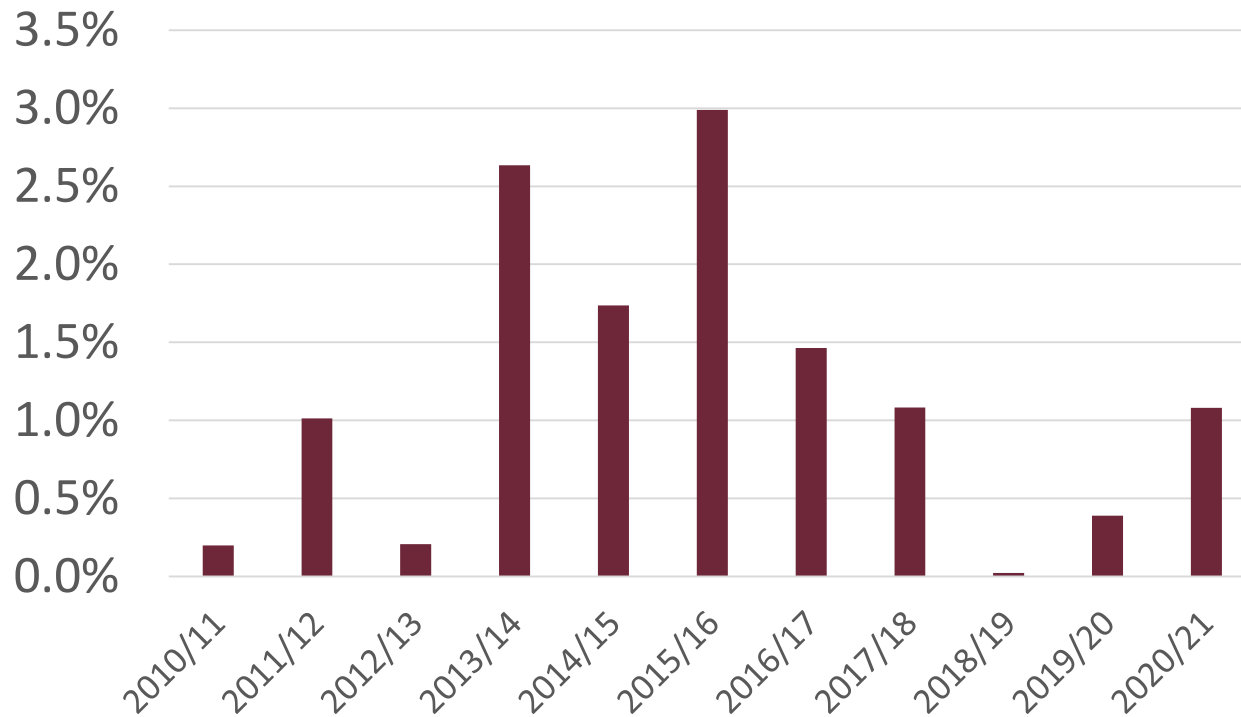


- Sustained (relative) austerity in the NHS budget has not been matched by changes in activity
- Recent NHS productivity compares well to whole-economy activity
- The NHS (rather than health) looks relatively cheap by international standards

Funding: 2015/16 prices as at Dec 2016; Admissions, actual to 2015/16, NHS England 'unmitigated demand' for acute services after 2015/16

# And its getting harder, not easier

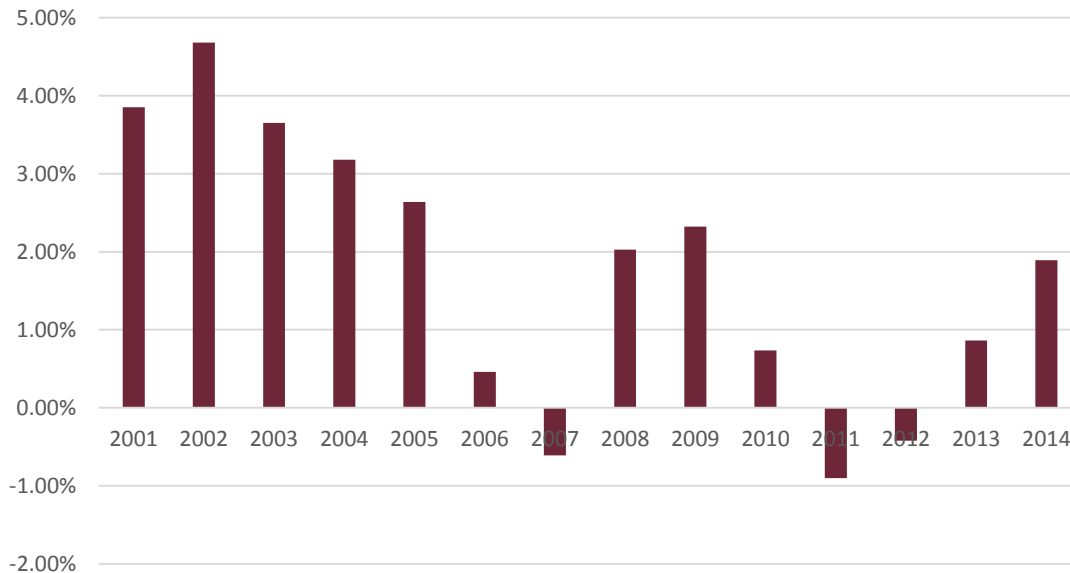
Annual real terms growth in health spending, 2010/11 to 2020/21, %



- Some of the growth in recent years was not part of the original plan
- The Budget may give some relief (though possibly not much)

# What does this mean?

Annual percentage increase in FTE qualified nursing, midwifery & health visiting staff

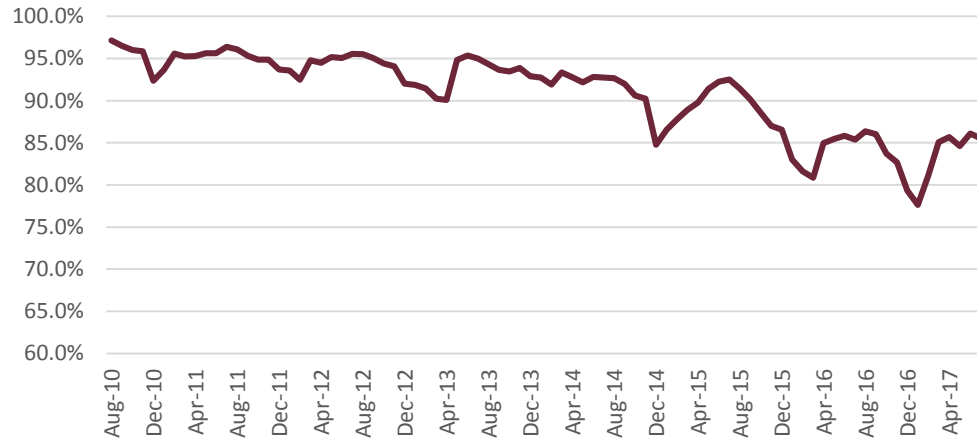


Source: NHS Workforce Statistics in England, Non-medical staff - 2004-2014 and earlier years, NHS Digital.

- A truism that healthcare is a service industry and workforce accounts for the majority of spending
- Though not one-to-one, low spending growth means low (or negative) growth in staff
- 2015-16 saw slower growth in nursing staff (around 1%)
- Nursing numbers are now falling

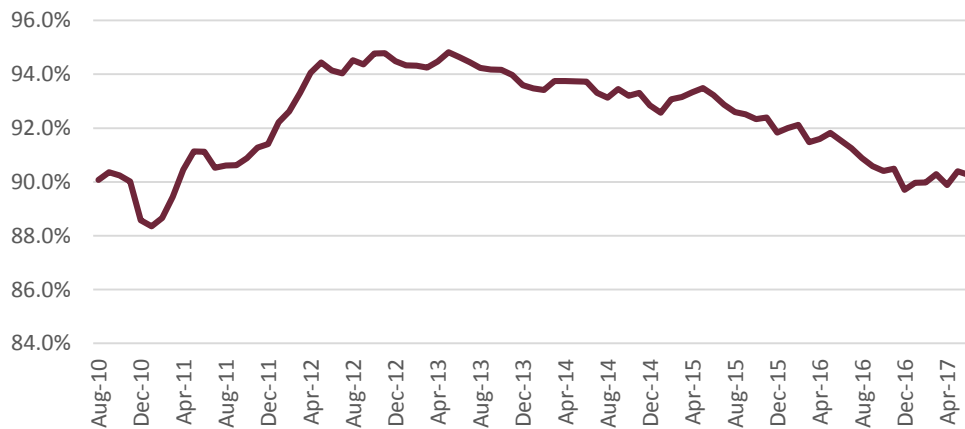
# What does it mean: performance

A&E 4 hour standard, Type 1 units. Aug 2010 to July 2017



- Ambulance and cancer waiting times targets also in breach
- Concerns on performance outside of the acute sector have been rising
  - Delayed Transfers of Care
  - General practice
  - Mental health
  - Strategies or initiatives now in all of these areas
- Though A&E and 18-weeks looking more stable than they have for years

18 weeks performance, '% still waiting', Aug 2010 to June 2017



# More for less: the NHS and social care response

## STPs/ACSSs

- Population-based, integrated care
- 44 Footprints and new ACSs being formed
- Builds on Vanguard experience

## Efficiency and costs

- Carter, Naylor Review, GIRFT and Right Care
- Backed up by central controls and incentives
- And action on costs – pay and prices

## The offer

- Focus on A&E for now
- First moves on access to NICE-recommended drugs and procedures/medicines of low value



# Bringing it all together

- How to balance:
  - Short term agendas on finance and performance
  - Long term agendas on relationship building and moving to more integrated systems in planning (STPs) and delivery (Vanguards et al)
- But there are strengths:
  - There is a platform for action
  - The direction of travel is much less contentious than it was, for example in the 2012 Act or in the market+choice reforms of the previous decade
  - The public care
- Are we missing something?
  - The Noughties looked to raise activity quickly – a lot of effort went into capacity planning and the profiling of demand
  - Some of this was forgotten in the final years of plenty
  - As the balance between capacity and demand again gets tighter understanding this relationship may provide a (quicker) win