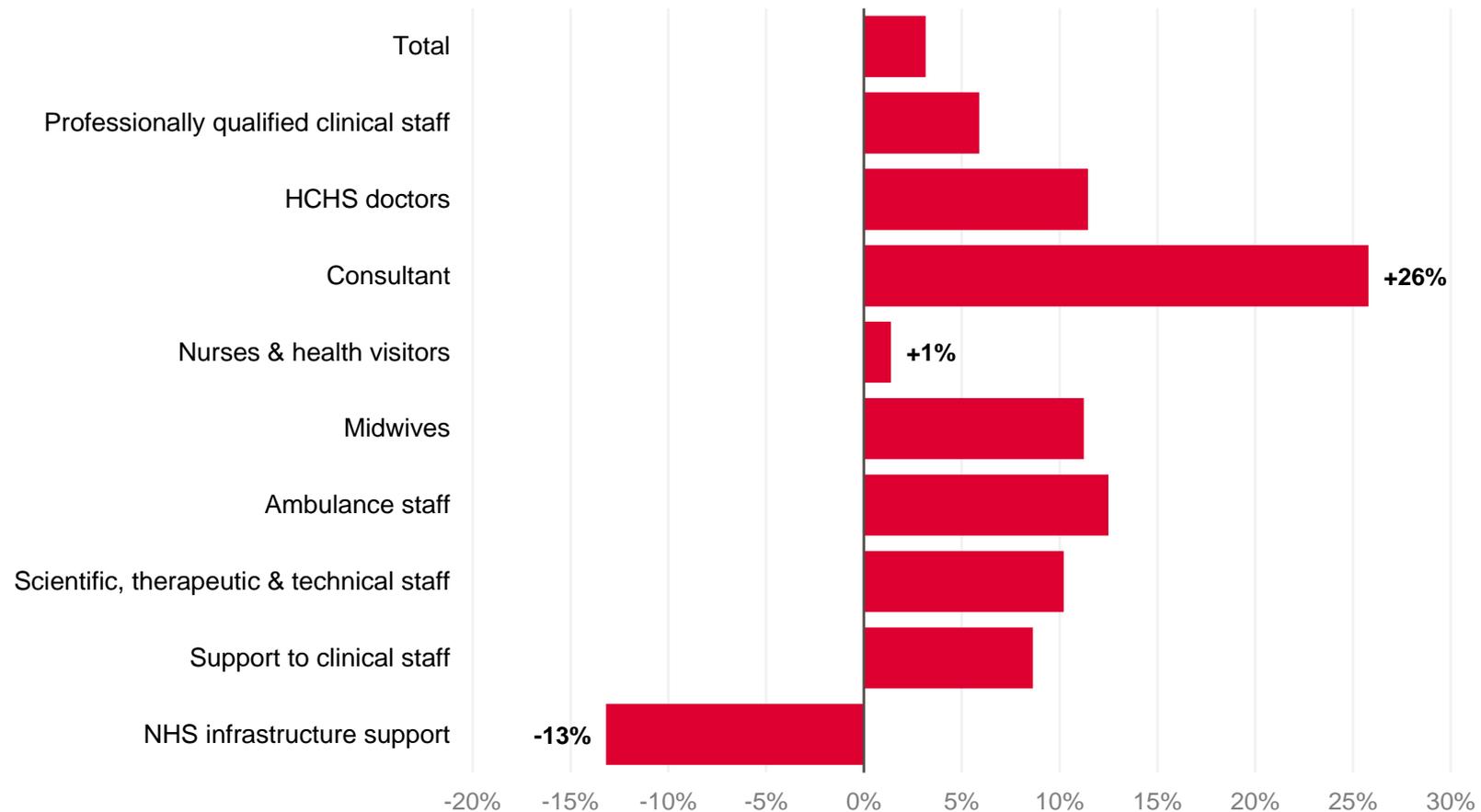


# NHS Workforce and Financial Sustainability

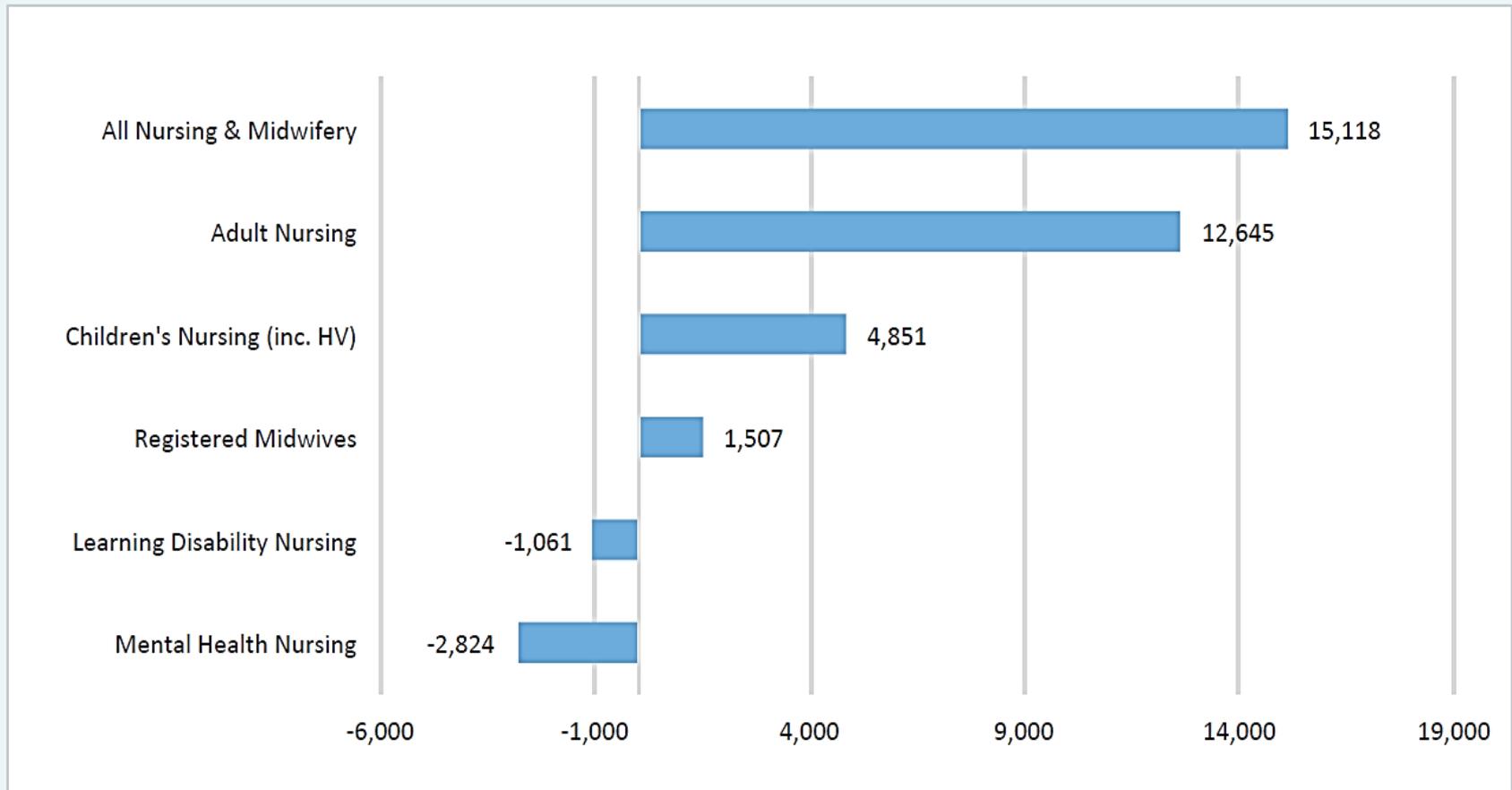
Anita Charlesworth

April 2018

# Change in numbers of full-time equivalent staff in the NHS in England (%), April 2010–April 2017



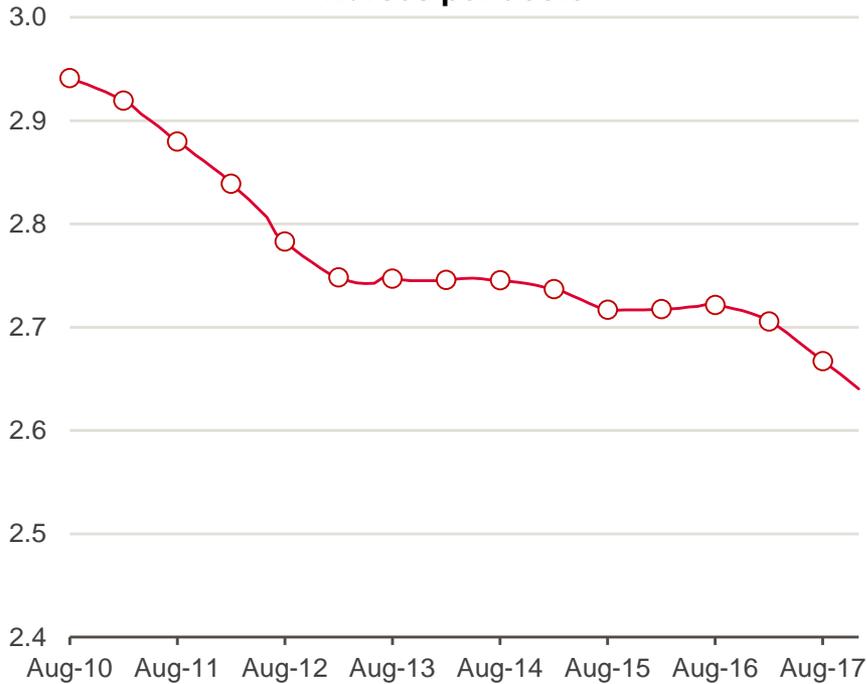
# Growth/Reduction in NHS Employed Nursing and Midwifery by specialist area 2012 to 2017



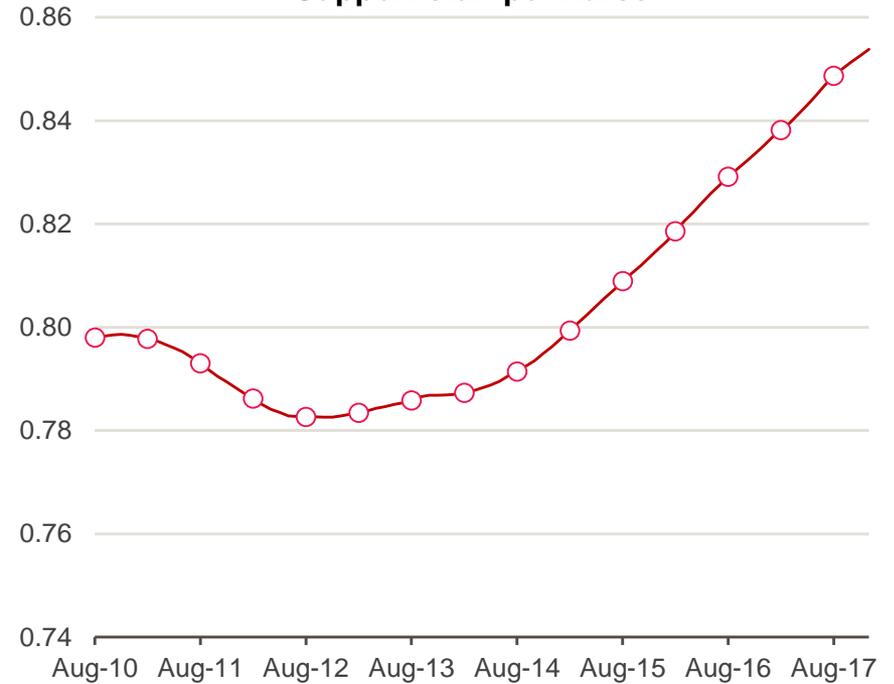
Source: HEE analysis of ESR data

# Number of FTE nurses, doctors, and support staff – 12 month rolling average

### Nurses per doctor

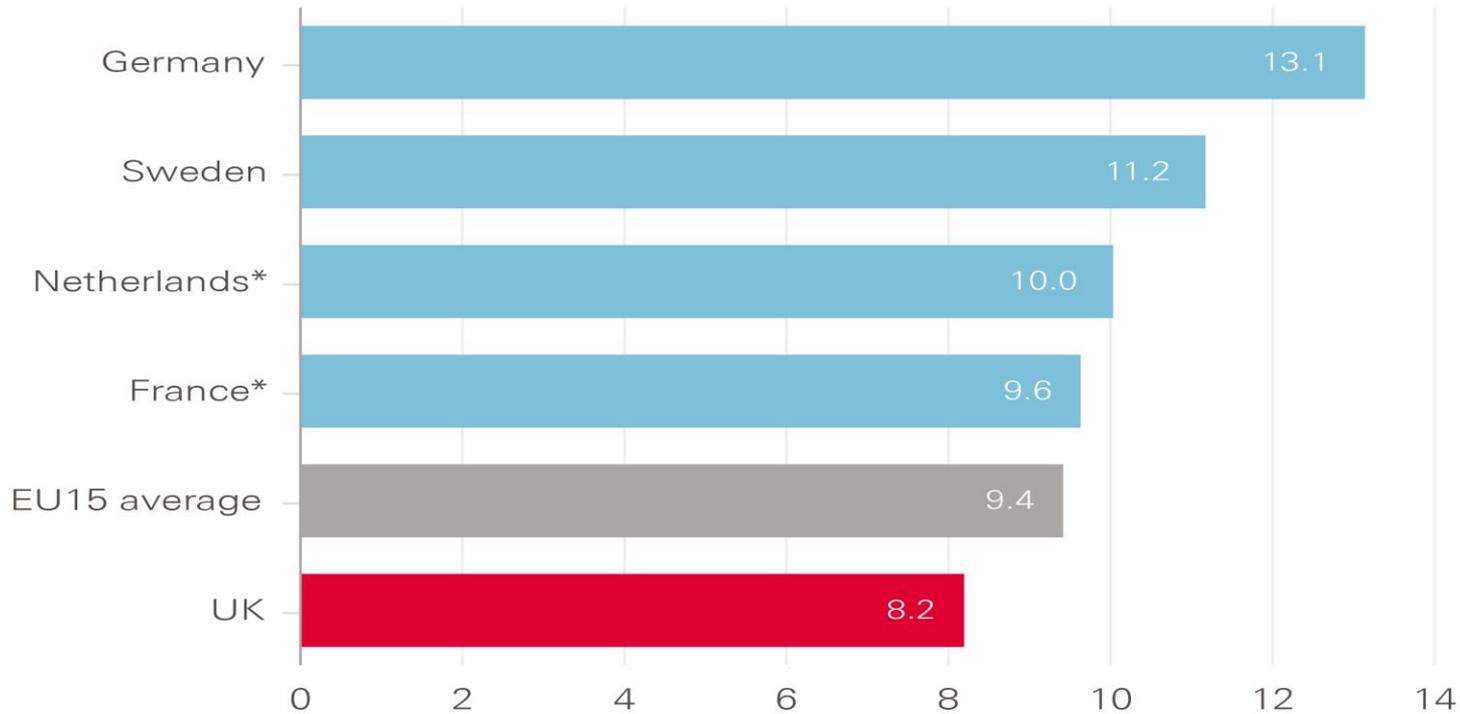


### Support staff per nurse



# Nurse staffing levels

Number of nurses per 1,000 people, 2014 or nearest year

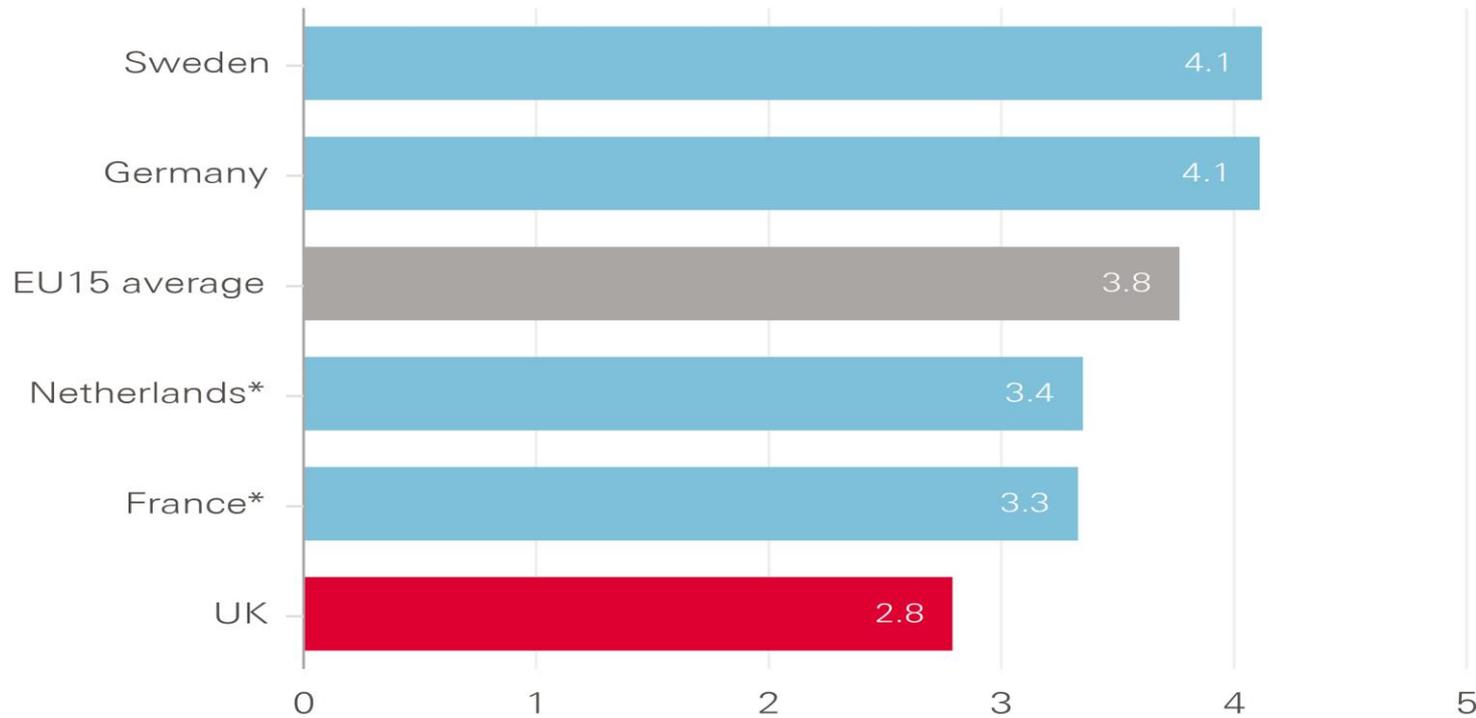


Note: \*Professionally active staff. Includes practising staff plus others working in the health sector (adding another 5–10% of staff)



# Doctor staffing levels

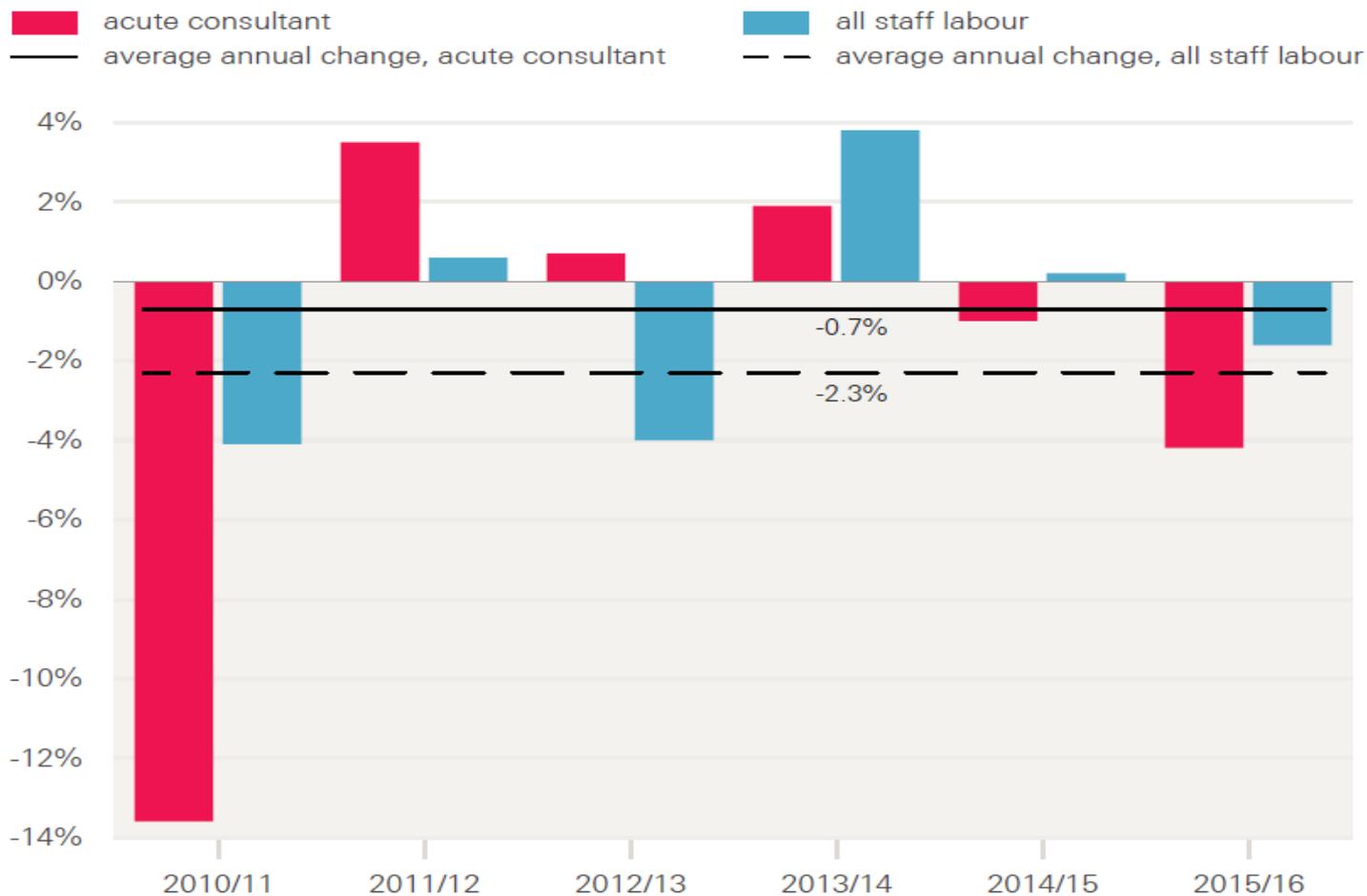
Number of doctors per 1,000 people, 2014 or nearest year



Note: \*Professionally active staff. Includes practising staff plus others working in the health sector (adding another 5–10% of staff)



# Annual change in consultant and all staff labour productivity in 150 NHS hospitals, 2009/10–2015/16 (%)

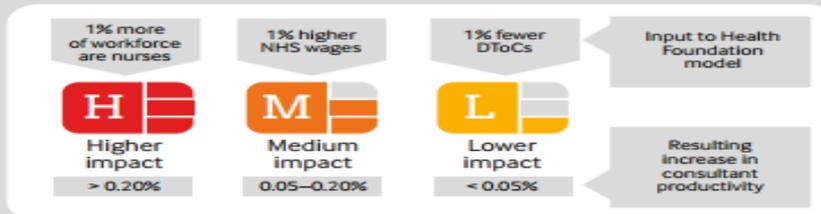


Source: Health Foundation analysis.

## What makes for a productive consultant?

There are eight factors that affect how productive a hospital's consultants are, according to modelling work by the Health Foundation. It examined data on consultants' activity across 150 acute trusts (including teaching and specialist hospitals). The activity measured included emergency, inpatient, and outpatient care.

Of the 15 different factors that the foundation considered, the eight shown below had a statistically significant impact on the measure of productivity it used (at a 95% confidence level).\*



### Skill mix

- 1 Percentage of nurses**  
Hospitals with a higher proportion of nurses within their total workforce had more productive consultants. **H** (Higher impact)
- 2 Percentage of support staff**  
Hospitals with a higher number of support staff within their total workforce also had more productive consultants, although the impact was smaller. **M** (Medium impact)

### Regional variation

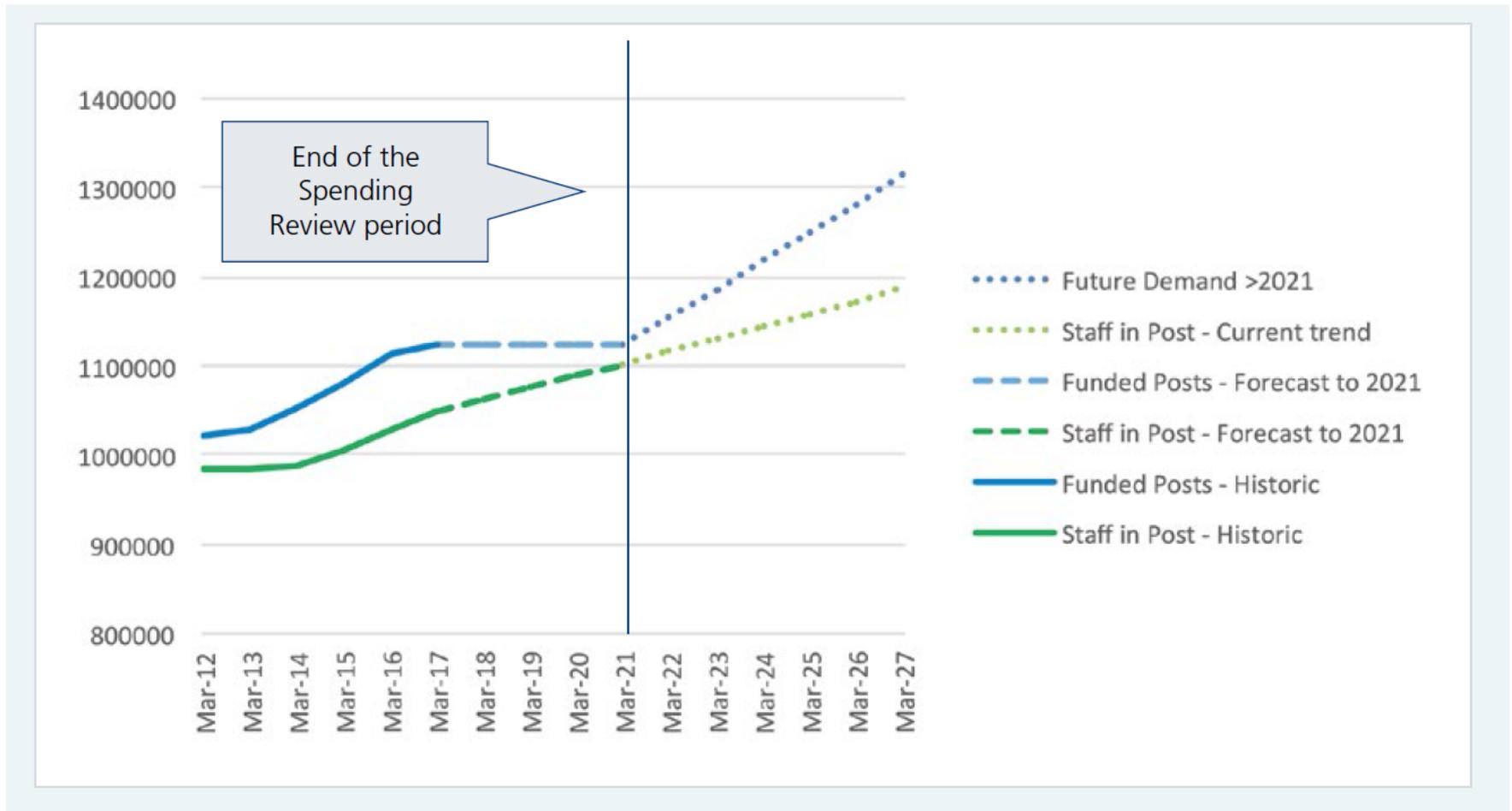
- 3 Higher wages**  
Hospitals in areas where the NHS wage is higher than the regional average had higher consultant productivity. **M** (Medium impact)
- 4 Urban location**  
Hospitals in more urban areas had higher consultant productivity. This may be due to a larger throughput of people needing services. **M** (Medium impact)

### Hospital Characteristics

- 5 Greater specialisation**  
More specialised hospitals had more productive consultants. This is measured using a specialisation index, which compares the proportions of case types in a hospital with the national average. **H** (Higher impact)
- 6 Not in a teaching hospital**  
Teaching is not included in the measure of consultant productivity used, so consultants in teaching hospitals appear to be less "productive." **H** (Higher impact)
- 7 More private finance**  
A very small increase in productivity is seen in hospitals that have a higher proportion of their total cost accounted by PFIs (private finance initiatives). Greater capital investment may be associated with greater efficiency. **L** (Lower impact)
- 8 Fewer delayed transfers**  
Consultants working in hospitals with a lower number of DTocS (delayed transfer of care) are slightly more productive. **L** (Lower impact)

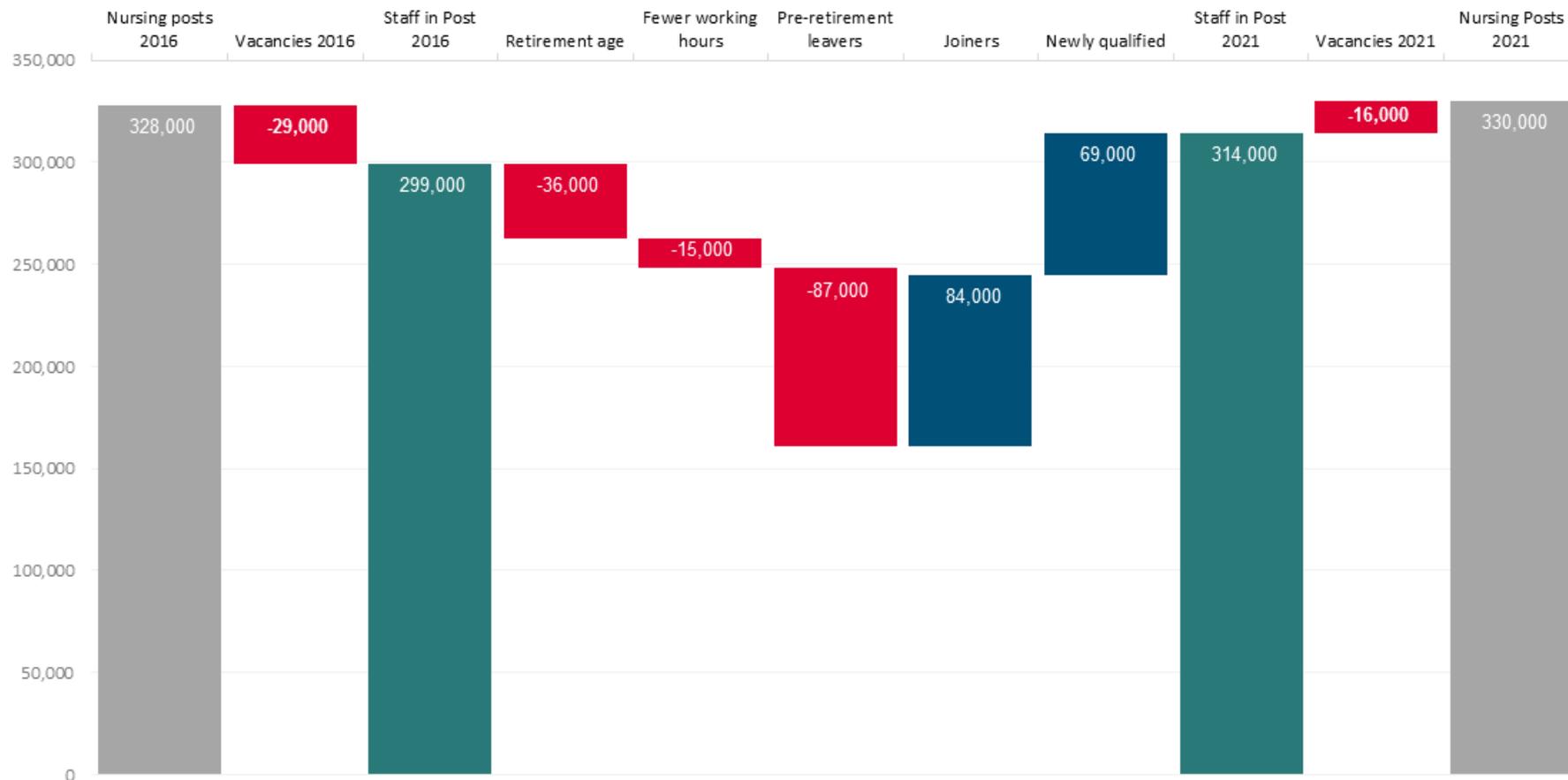
\* Most of these factors will be subject to diminishing returns. For example, taken to an extreme, as the proportion of nurses approached 100%, the number of consultants would be vanishingly small, and productivity would begin to decrease. Further analysis would be required to determine the thresholds for improvements.

# Future Demand for Staff – Beyond 2021/22



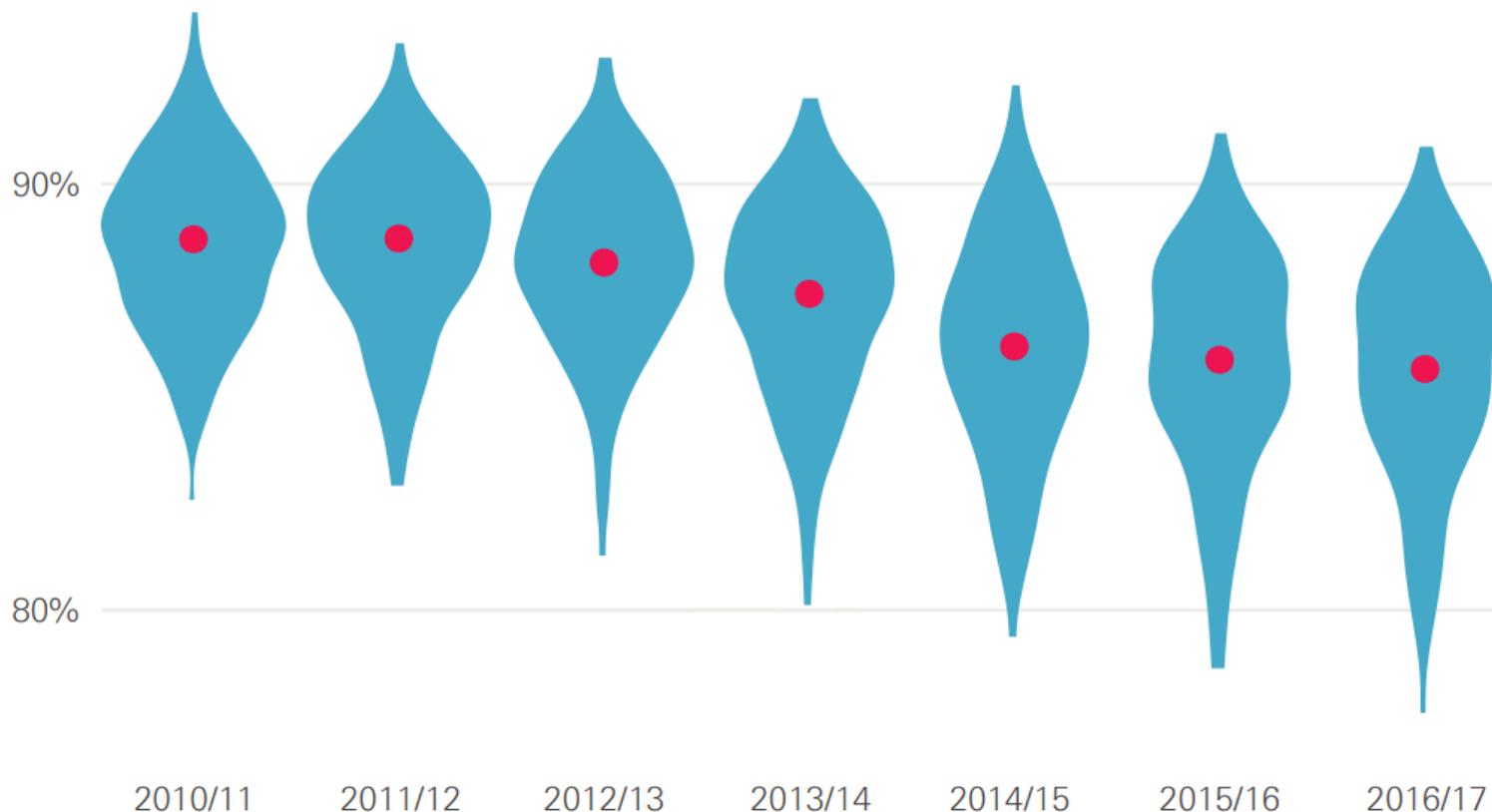
Source: HEE draft health care and workforce strategy for England to 2027

## Nursing supply and demand 2016-2021



Source: NHS Health Education England

# Change in workforce stability of trusts in England, 2010/11–2016/17



Note: Width indicates number of trusts, dots indicate median. Data from 210 trusts; a small number of outliers removed from graphic. Doctors in training excluded.

Source: NHS Digital, Provisional NHS HCHS monthly workforce statistics, bespoke extract.

# Why do nurses leave the profession, other than retirement?

**Working conditions**  
(eg. staffing levels, workload) **44%**

**A change in personal circumstances**  
(eg. ill-health, child care responsibilities) **28%**

**Disillusionment with the quality of care provided to patients** **27%** 

**Concerns about being able to meet revalidation requirements** **26%** 

**Leaving the UK** **18%** 

**Poor pay and benefits** **16%** 



Nurses who left the profession but then decided to return:

**Top reason for initially leaving:**

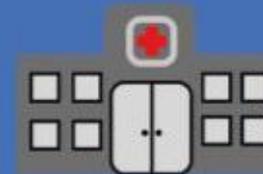
**Lack of flexibility**

**Other reasons:**

**Ongoing education and training opportunities**

**Pay**

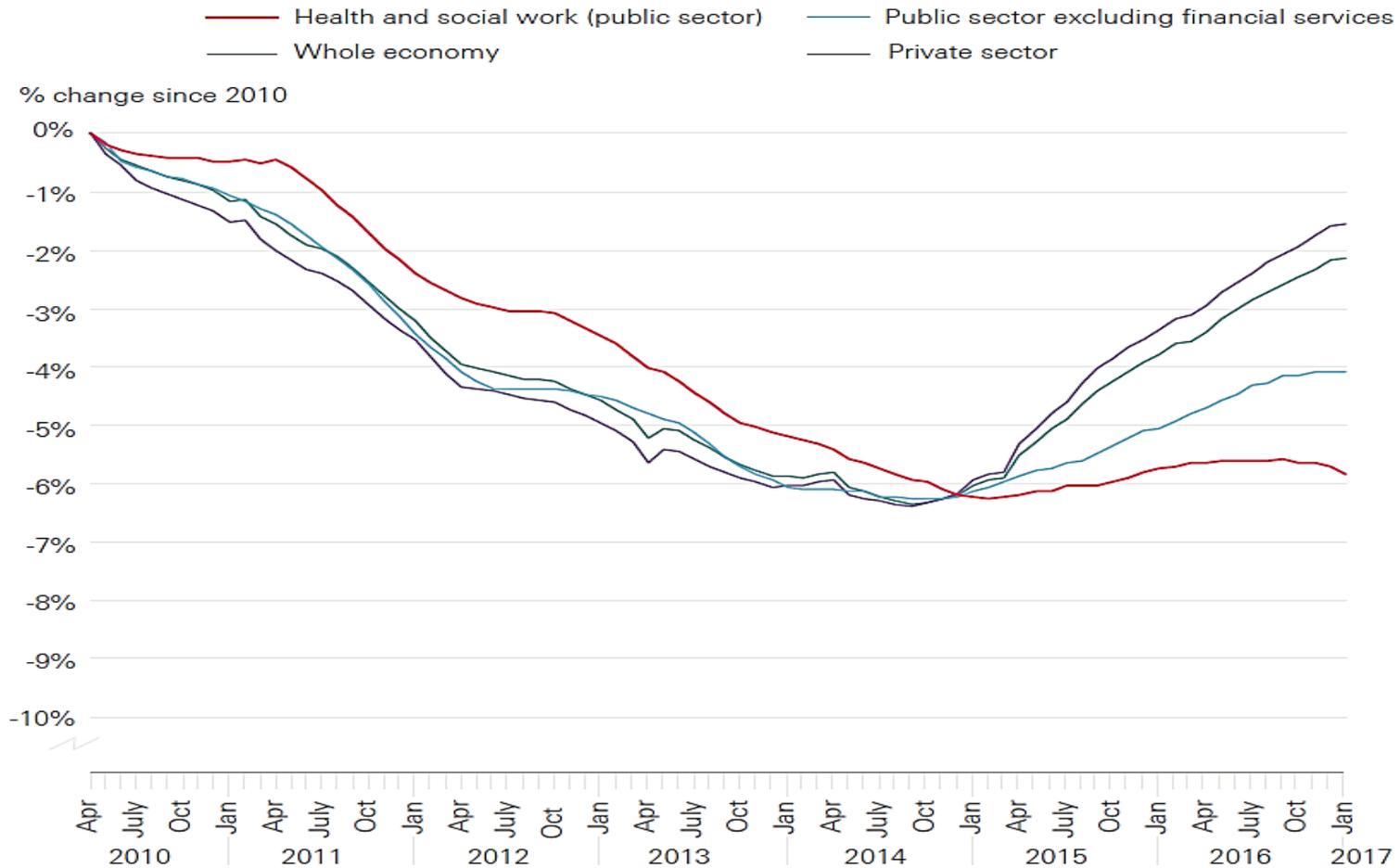
**Pressure of work**



Source: The NMC survey of people who had left the register between June 2016 and May 2017.  
Total number of respondent: 4,544  
Of these, 2,240 did not cite retirement as a reason for leaving.  
For this group, these are the top reasons for leaving.

Source: Health Education England – oral evidence

# Changes in pay since 2010, adjusted for the Consumer Price Index

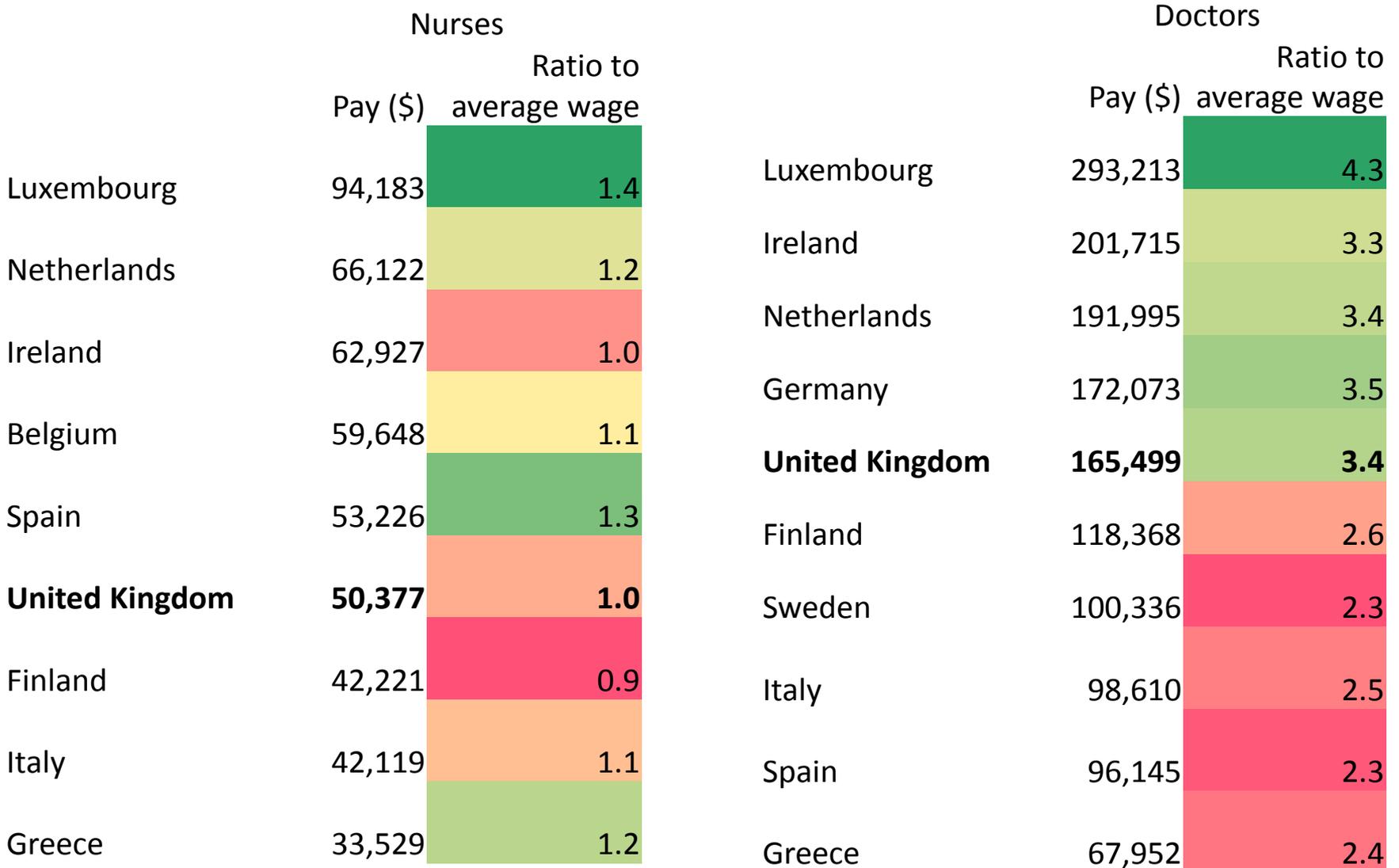


Source: Health Foundation analysis of data from the Office for National Statistics.

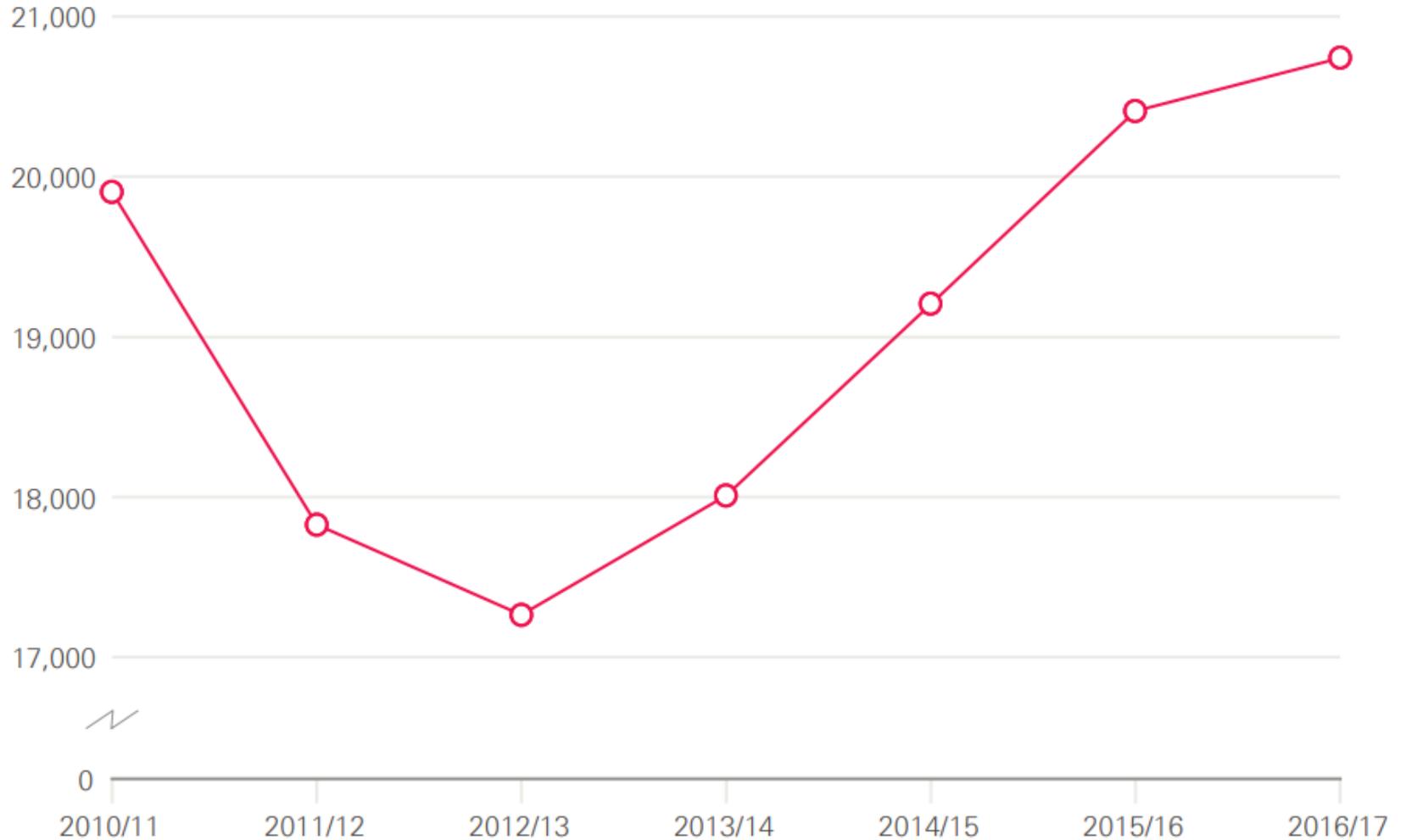
# Occupational Rankings on Median Hourly Earnings

	Rank position					
	Rank (1=highest)			Change in rank		
	2005	2010	2015	2005-2010	2010-2015	2005-2015
Doctors	4	3	11	1	-8	-7
Radiographers	57	65	87	-8	-22	-30
Physios	103	102	123	1	-21	-20
Occupational therapists	106	104	110	2	-6	-4
<b>Nurses</b>	<b>141</b>	<b>109</b>	<b>109</b>	<b>32</b>	<b>0</b>	<b>32</b>
Midwives	89	66	80	23	-14	9
Nursing auxiliaries	318	286	276	32	10	42
Police officers	80	68	74	12	-6	6
Prison officers	125	143	133	-18	10	-8
School teachers	31	37	30	-6	7	1

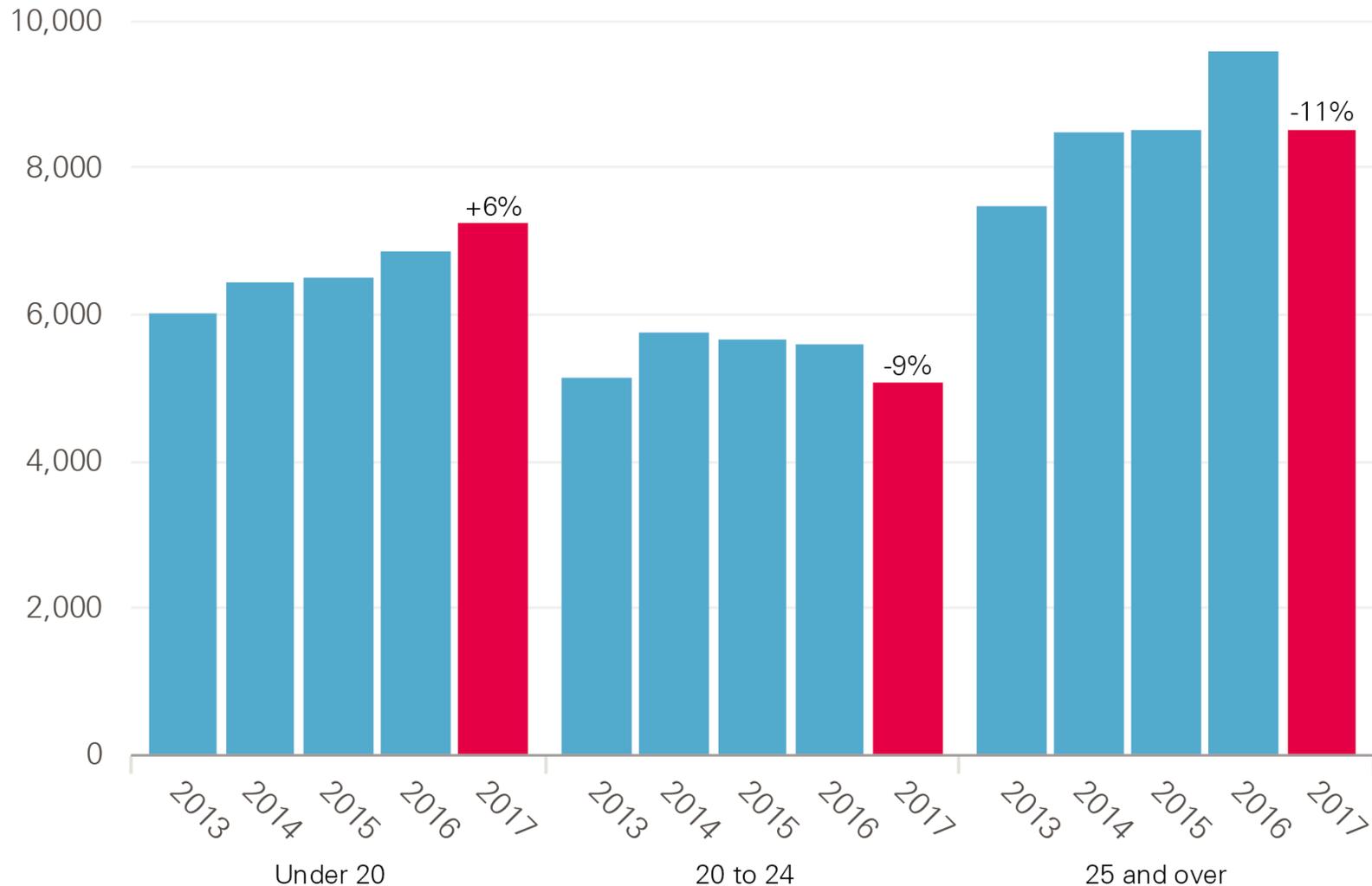
# Ranking of Nurse and Doctor pay



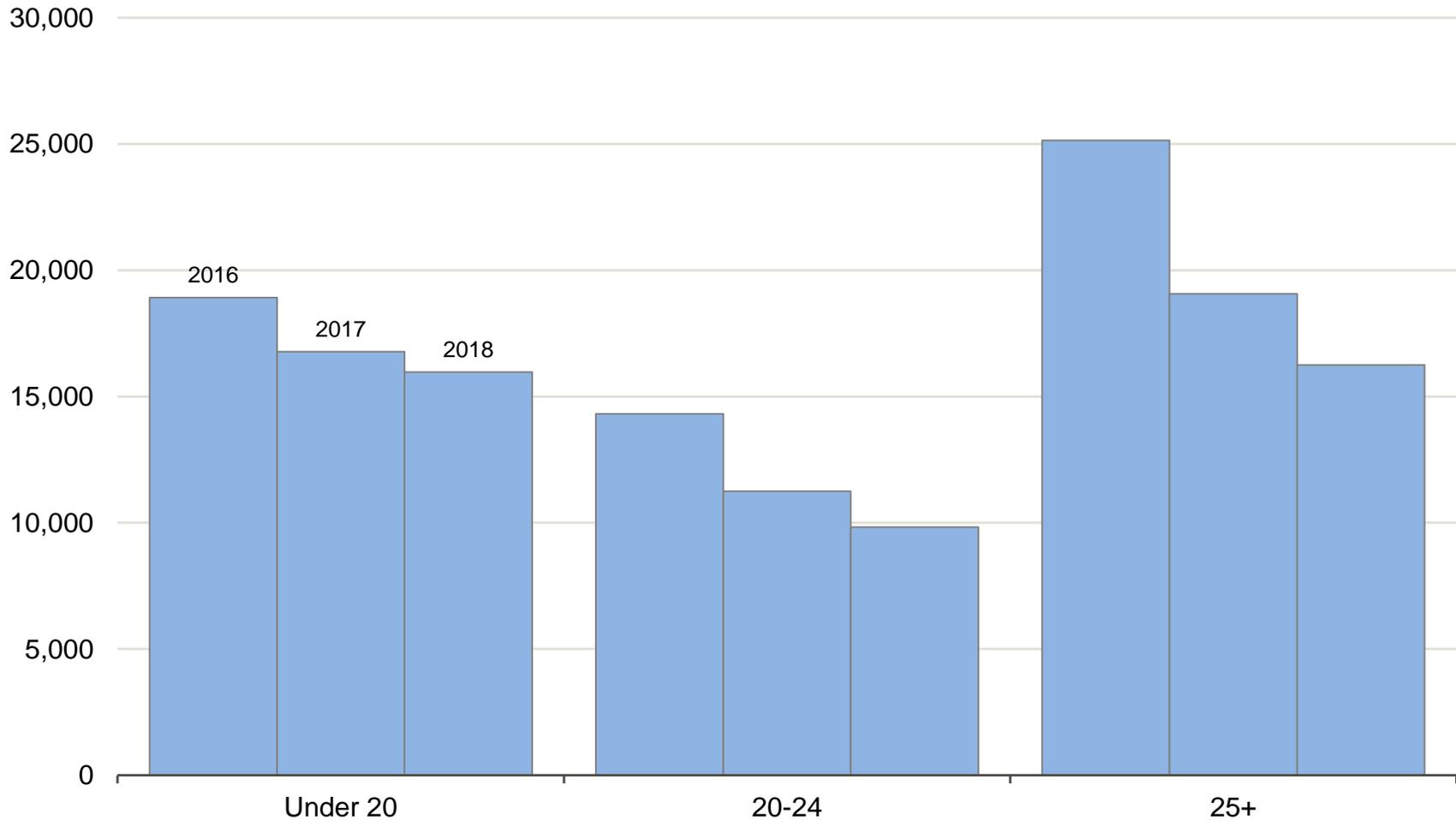
# Total nurse training places in England



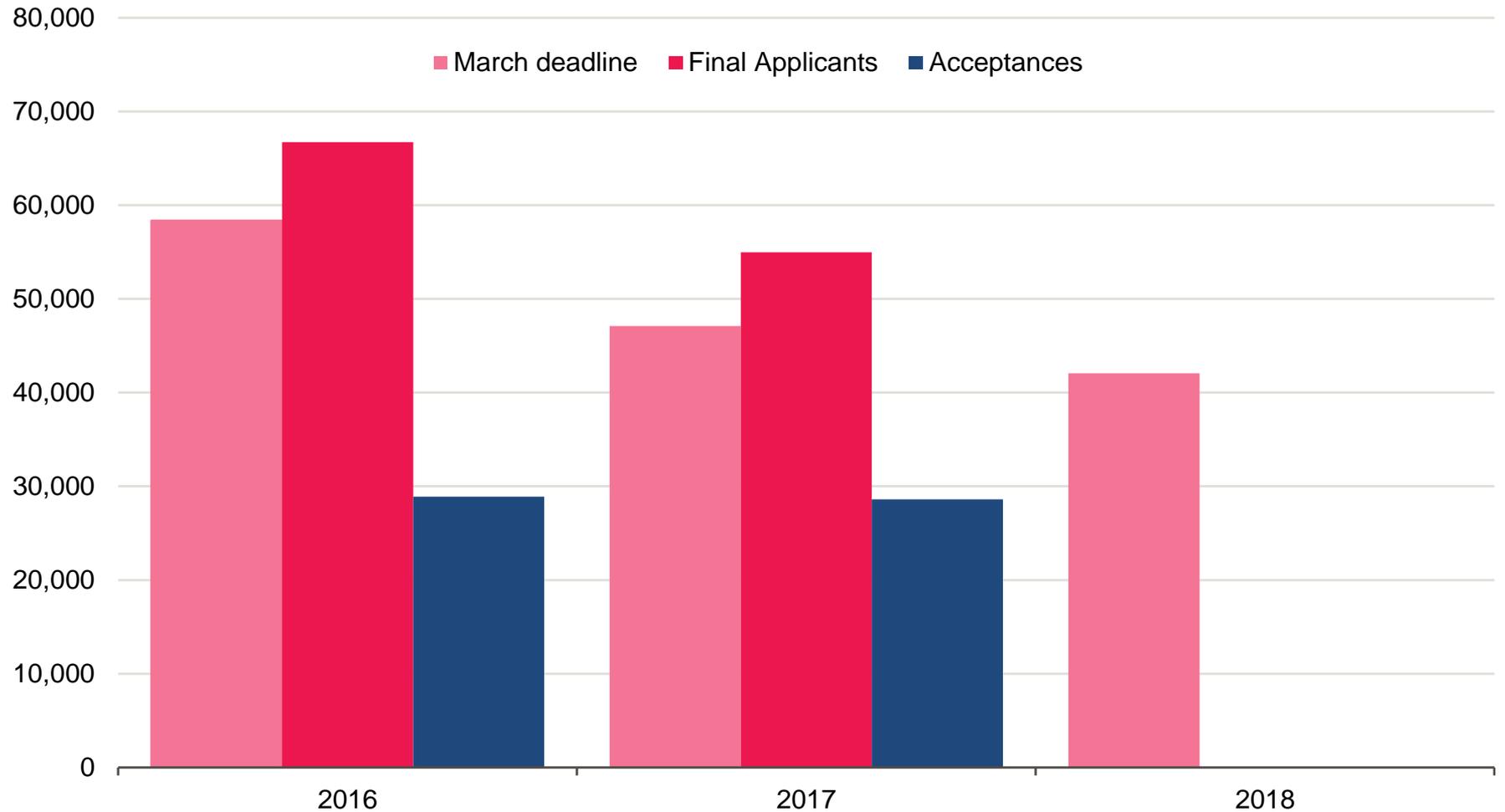
# Age profile of placed applicants on nursing courses in England, 2013–17



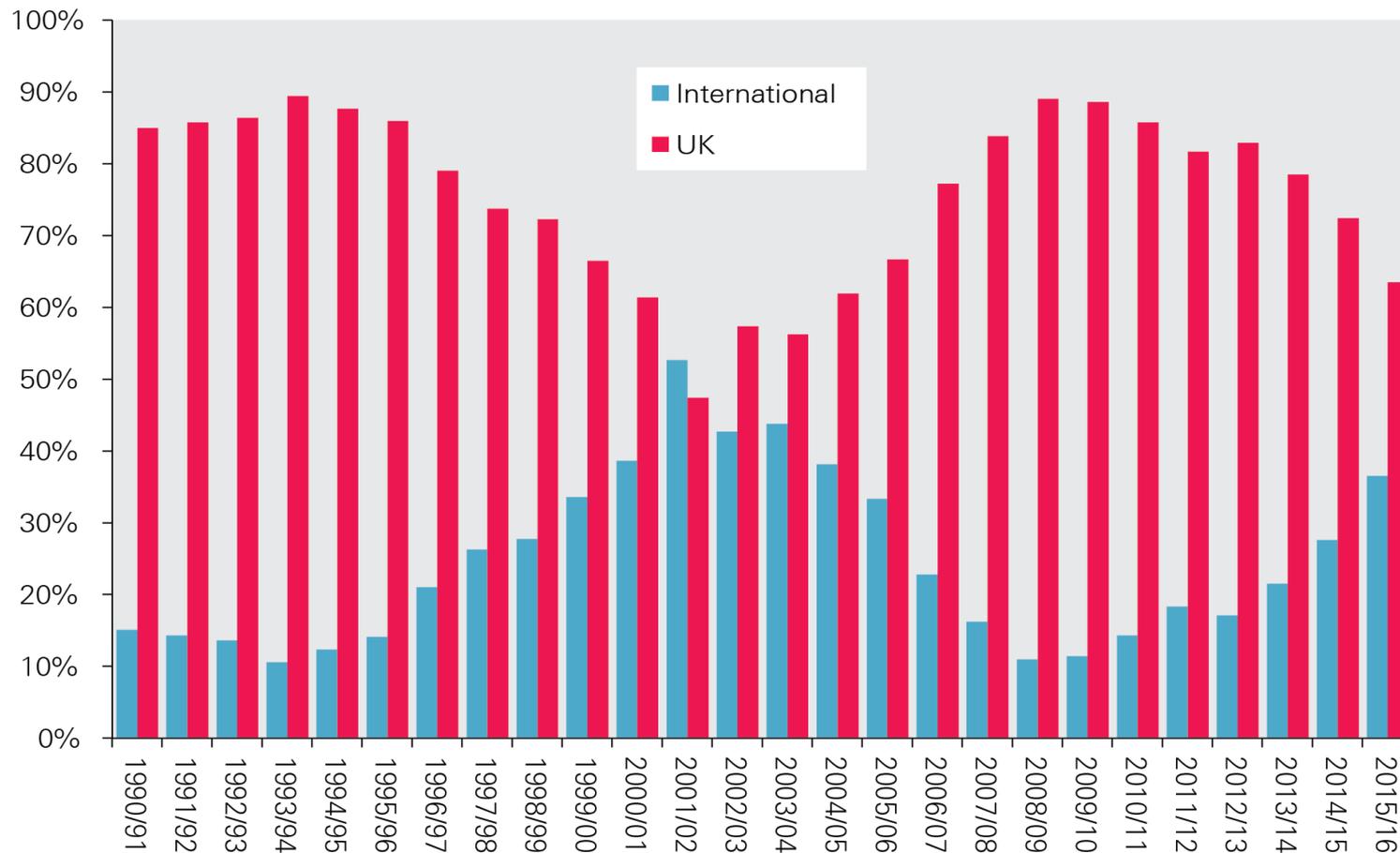
# Applicants by the March deadline - UK



# UCAS numbers - UK

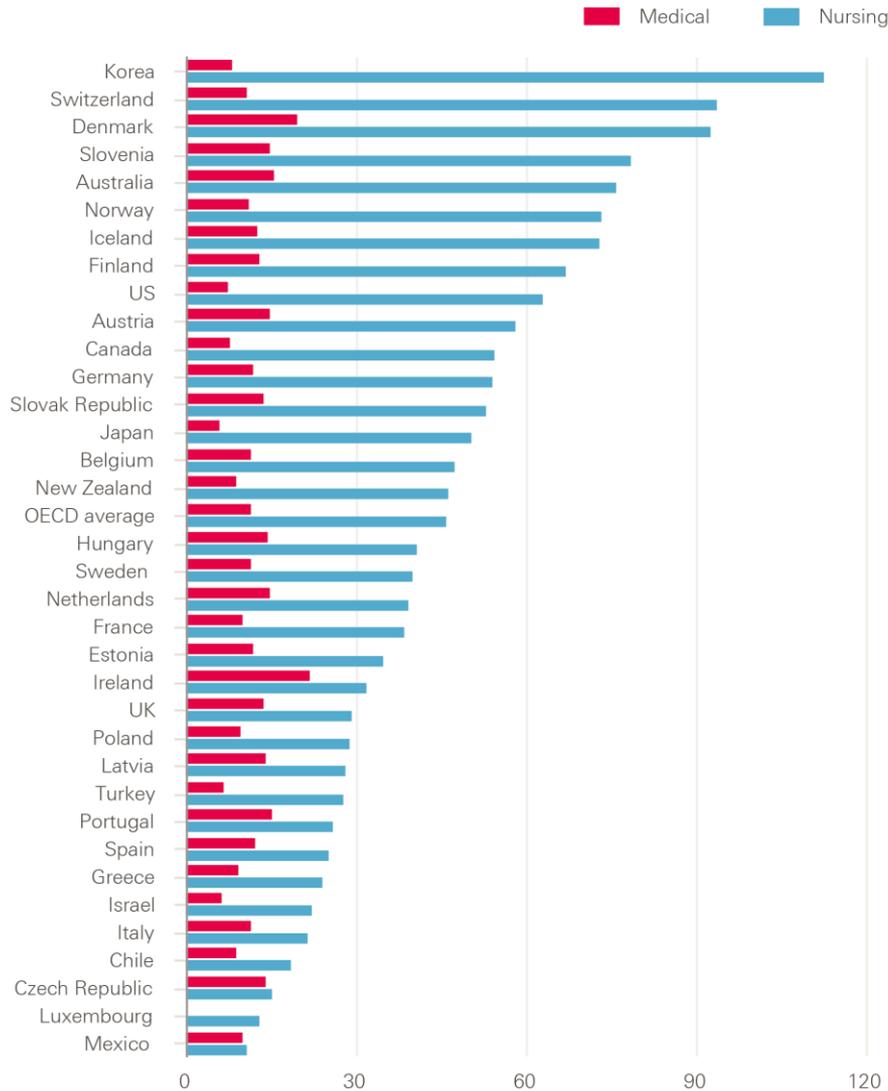


# % of people joining the UK nursing register by source of qualification

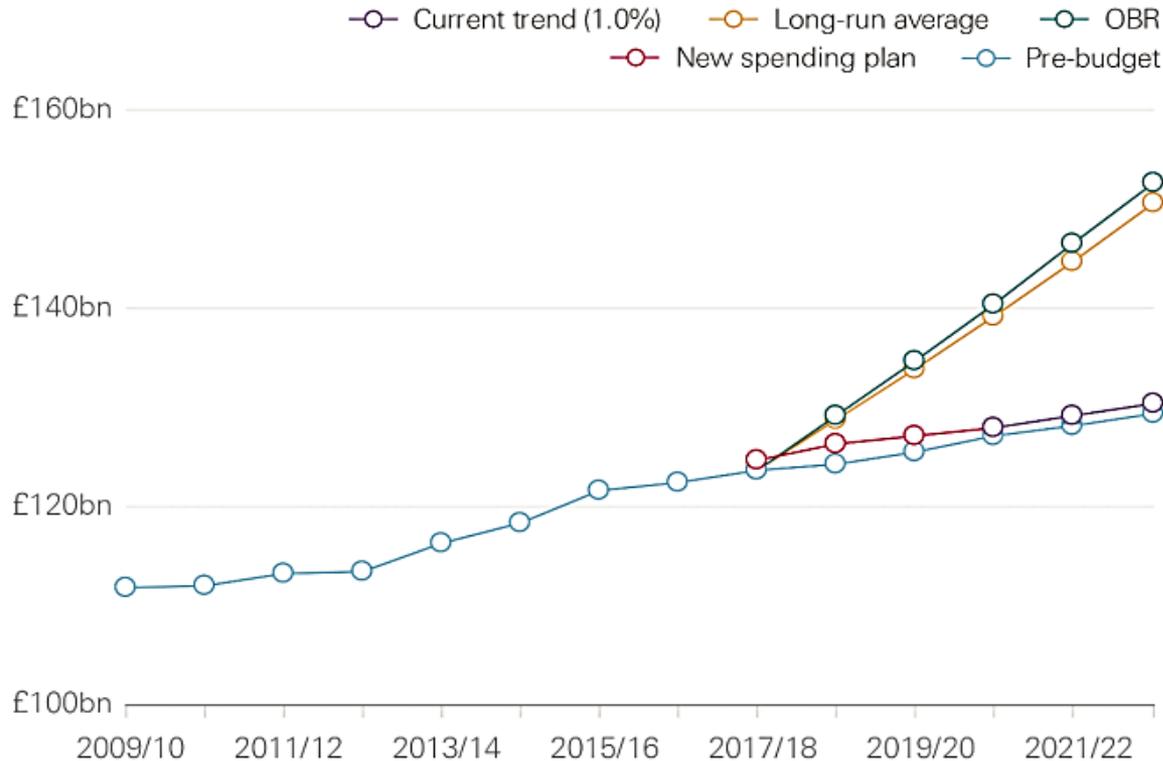


Source: UKCC/NMC data, the authors.

Figure 13: Number of medical and nursing graduates per 100,000 population in OECD countries, 2014 (or nearest year)



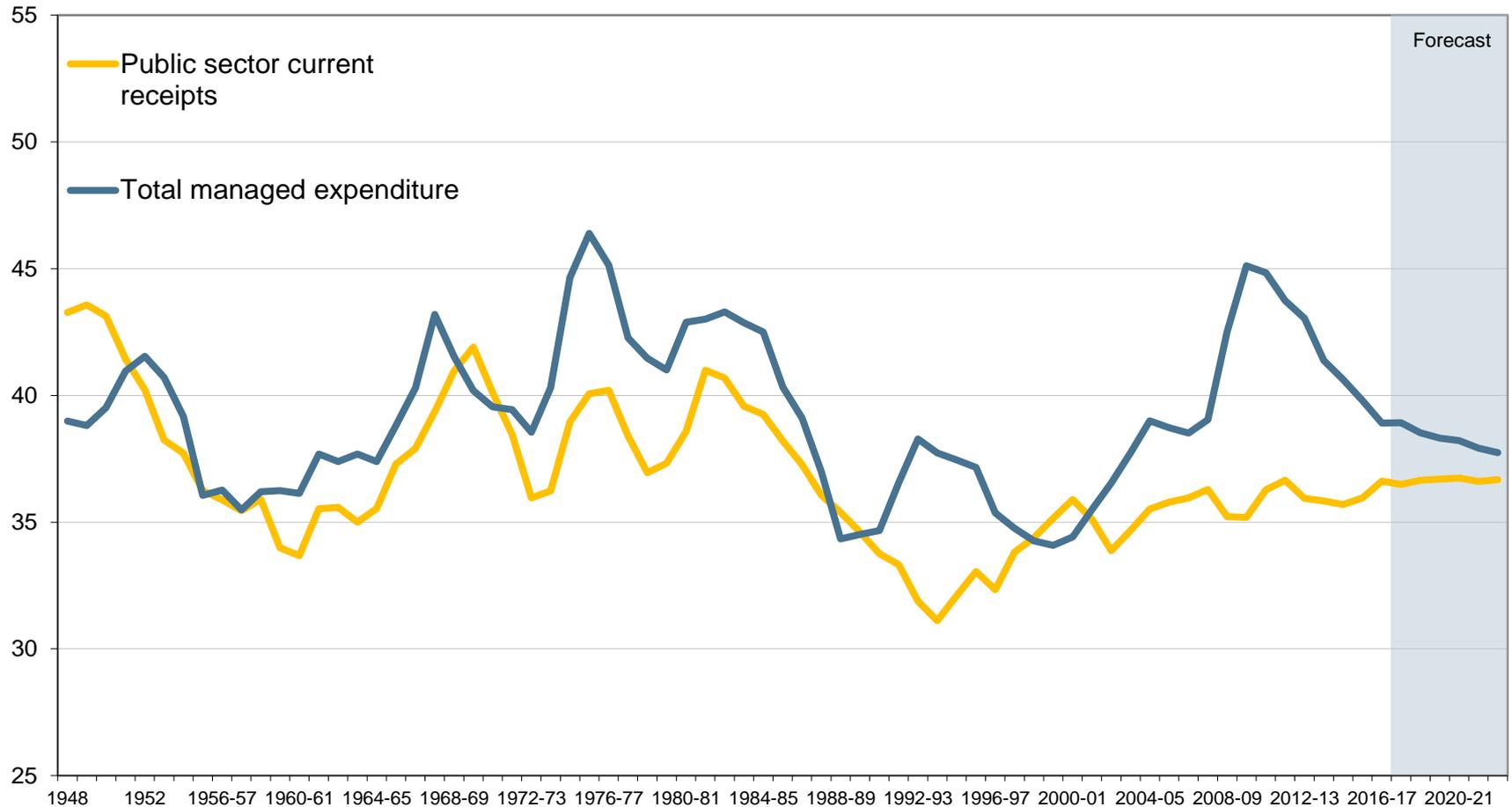
# Health spending in England – projections for this Parliament (in 2017/18 prices)



**Note:** 'OBR' line shows how much would be spent on health in England if spending rose in line with projections by the Office for Budget Responsibility. 'Long run average' shows how much would be spent on health if spending returned to the historical average of 4% a year.

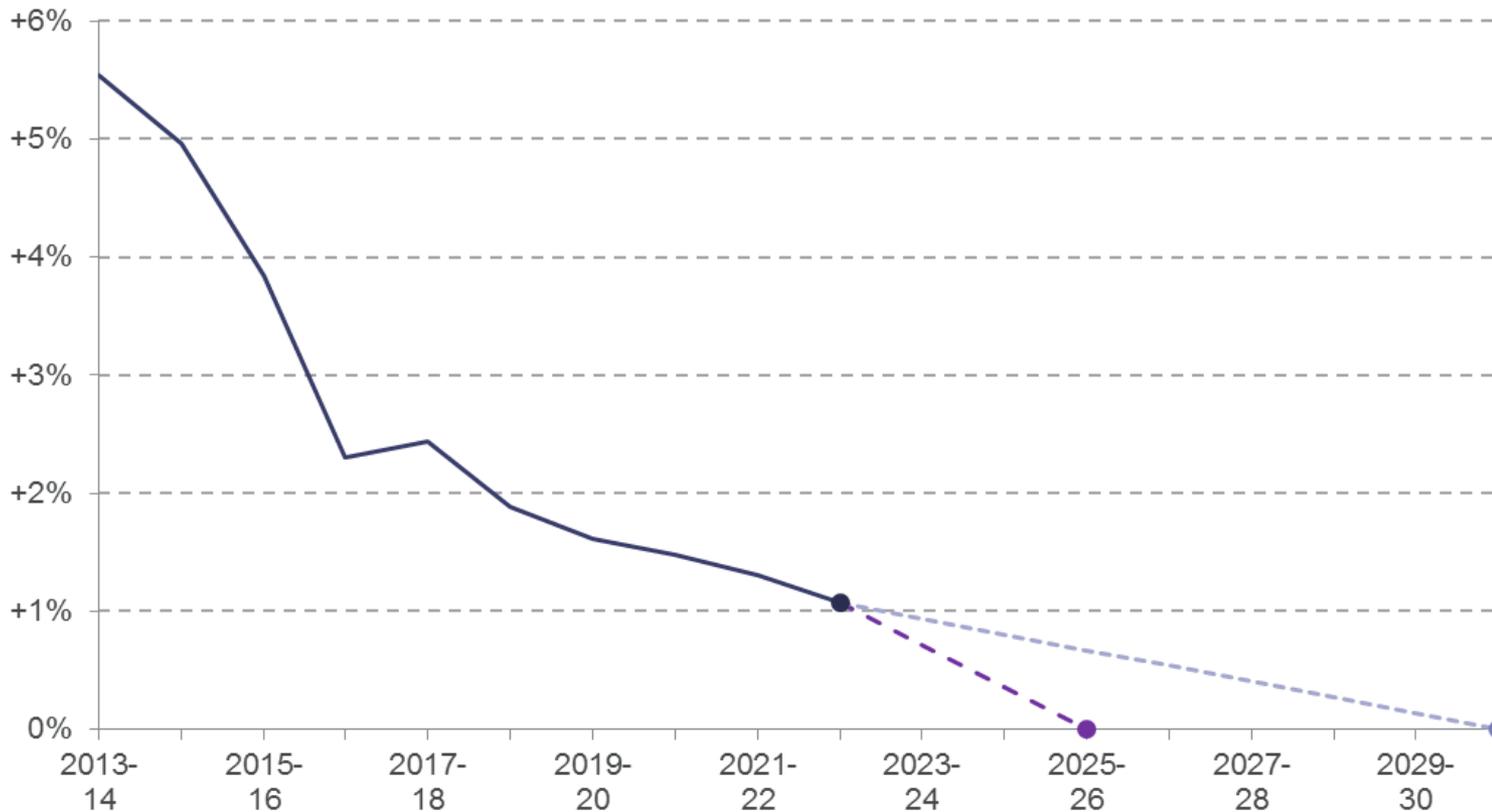
**Source:** Nuffield Trust analysis of multiple sources; Department of Health annual report and accounts 2016/17; Autumn Budget 2017.

# Total government spending and receipts (% of GDP)



# Austerity to continue into the next two parliaments

Borrowing as a share of GDP

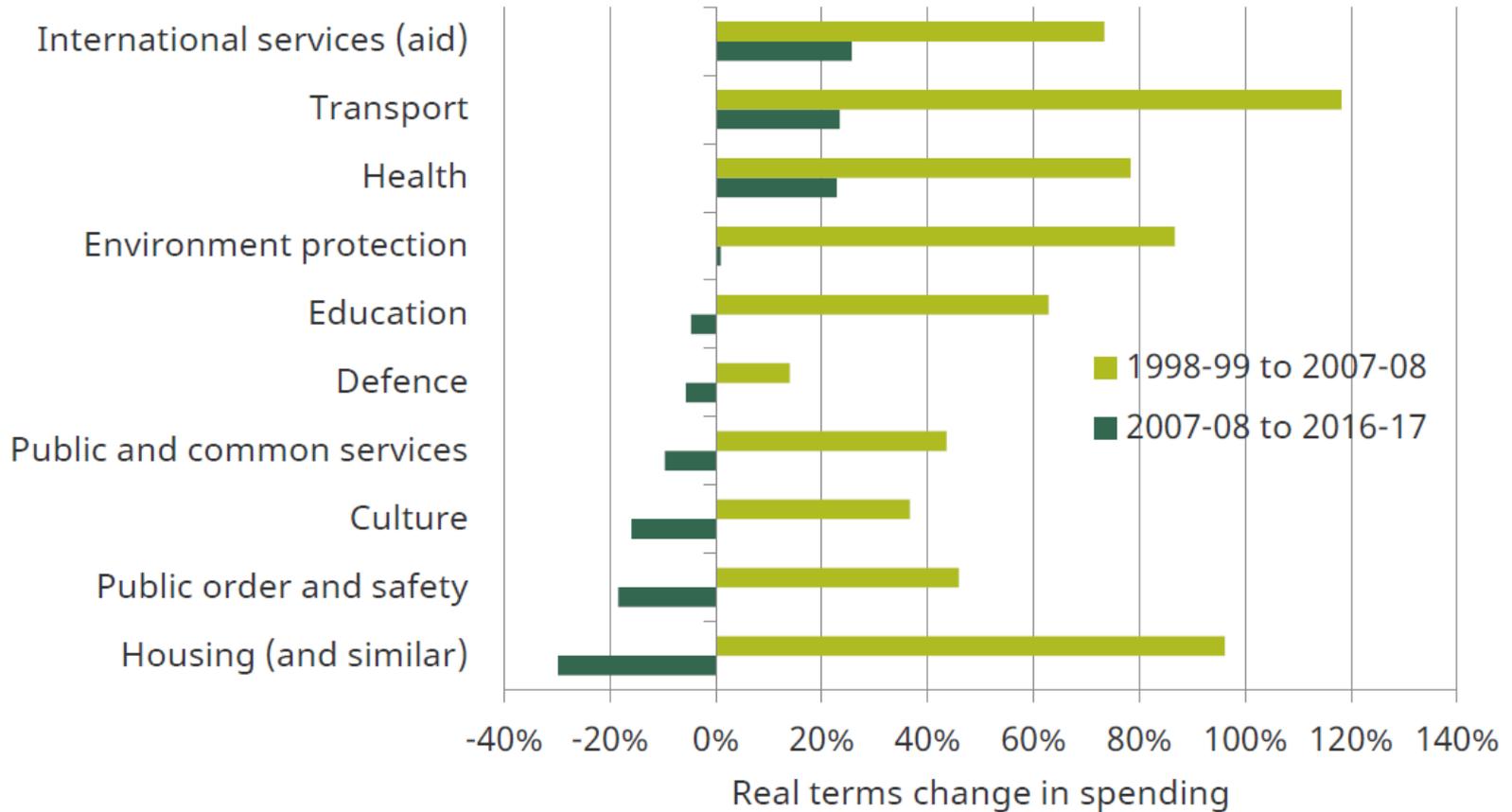


On the planned trend up to 2022-23, the government is not on course to deliver a balanced budget “by the middle of the next decade” nor even by the end of the next Parliament

To eliminate the deficit by 2025-26, the pace of reduction in 2023-26 would need to double from that in 2020-23

Source: Resolution Foundation

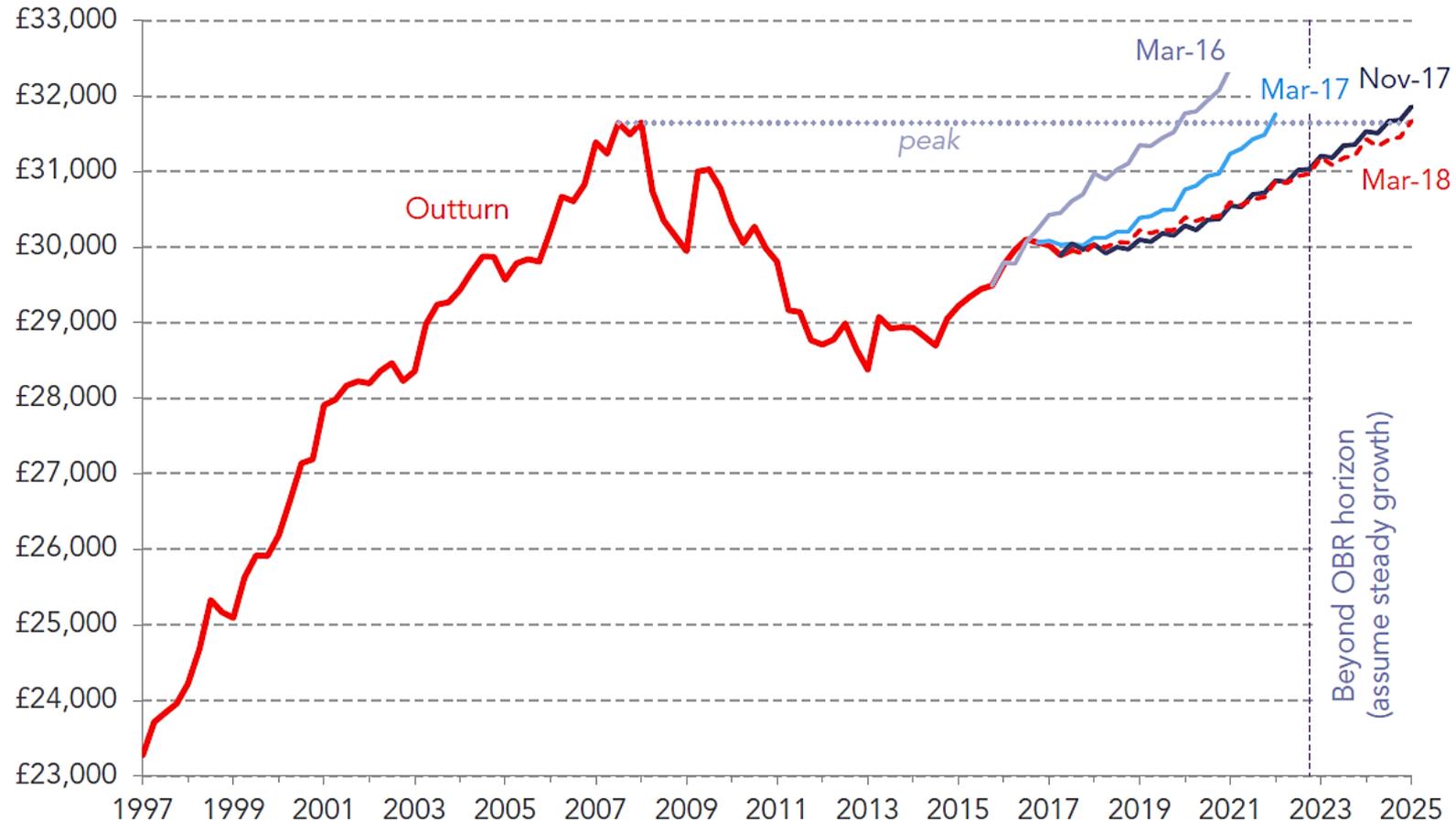
# Real terms change in spending by functions 1997/98 to 2016/17



Source: HMT Public Expenditure Statistical Analyses 2017

# The recovery in real-terms annual pay appears unchanged with the pre-crisis peak not restored until 2025

Average annual employee earnings, CPI-adjusted: outturn and successive OBR projections (Q4 2016 prices)



Source: OBR, Economic and Fiscal Outlook, various

Thank you

