NHS Workforce and Financial Sustainability

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April 2018
Change in numbers of full-time equivalent staff in the NHS in England (%), April 2010–April 2017

- Total
- Professionally qualified clinical staff
- HCHS doctors
- Consultant
- Nurses & health visitors
- Midwives
- Ambulance staff
- Scientific, therapeutic & technical staff
- Support to clinical staff
- NHS infrastructure support

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-20% -15% -10% -5% 0% 5% 10% 15% 20% 25% 30%

-13% +1% +26%
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

Source: NHS Digital
Nurse staffing levels

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

- Germany: 13.1
- Sweden: 11.2
- Netherlands*: 10.0
- France*: 9.6
- EU15 average: 9.4
- UK: 8.2

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

Source: Organisation for Economic Co-operation and Development.
Doctor staffing levels
Number of doctors per 1,000 people, 2014 or nearest year

Sweden 4.1
Germany 4.1
EU15 average 3.8
Netherlands* 3.4
France* 3.3
UK 2.8

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

Source: Organisation for Economic Co-operation and Development.
Annual change in consultant and all staff labour productivity in 150 NHS hospitals, 2009/10–2015/16 (%)
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):

1. **Skill mix**
   - **Percentage of nurses**
     - Hospitals with a higher proportion of nurses within their total workforce had more productive consultants.
   - **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.

2. **Regional variation**
   - **Higher wages**
     - Hospitals in areas where the NHS wage is higher than the regional average had higher consultant productivity.
   - **Urban location**
     - Hospitals in more urban areas had higher consultant productivity. This may be due to a larger throughput of people needing services.

3. **Hospital Characteristics**
   - **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.
   - **More private finance**
     - A very small increase in productivity is seen in hospitals that have a higher proportion of their total cost accounted by PFI (private finance initiatives). Greater capital investment may be associated with greater efficiency.

4. **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”.

5. **Fewer delayed transfers**
   - Consultants working in hospitals with a lower number of DToCs (delayed transfer of care) are slightly more productive.
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

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

Source: IHM
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

<table>
<thead>
<tr>
<th></th>
<th>Rank position</th>
<th>Change in rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>2005</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Radiographers</td>
<td>2005</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>57</td>
<td>65</td>
</tr>
<tr>
<td>Physios</td>
<td>2005</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>103</td>
<td>102</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>2005</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>106</td>
<td>104</td>
</tr>
<tr>
<td>Nurses</td>
<td>2005</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>141</td>
<td>109</td>
</tr>
<tr>
<td>Midwives</td>
<td>2005</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>89</td>
<td>66</td>
</tr>
<tr>
<td>Nursing auxiliaries</td>
<td>2005</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>318</td>
<td>286</td>
</tr>
<tr>
<td>Police officers</td>
<td>2005</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>80</td>
<td>68</td>
</tr>
<tr>
<td>Prison officers</td>
<td>2005</td>
<td>2010</td>
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<tr>
<td></td>
<td>125</td>
<td>143</td>
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<tr>
<td>School teachers</td>
<td>2005</td>
<td>2010</td>
</tr>
<tr>
<td></td>
<td>31</td>
<td>37</td>
</tr>
</tbody>
</table>

Source: Office of Manpower Economics

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## Ranking of Nurse and Doctor pay

<table>
<thead>
<tr>
<th>Country</th>
<th>Nurses Pay ($)</th>
<th>Ratio to average wage</th>
<th>Doctors Pay ($)</th>
<th>Ratio to average wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luxembourg</td>
<td>94,183</td>
<td>1.4</td>
<td>293,213</td>
<td>4.3</td>
</tr>
<tr>
<td>Netherlands</td>
<td>66,122</td>
<td>1.2</td>
<td>201,715</td>
<td>3.3</td>
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<tr>
<td>Ireland</td>
<td>62,927</td>
<td>1.0</td>
<td>191,995</td>
<td>3.4</td>
</tr>
<tr>
<td>Belgium</td>
<td>59,648</td>
<td>1.1</td>
<td>172,073</td>
<td>3.5</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>50,377</td>
<td>1.0</td>
<td>165,499</td>
<td>3.4</td>
</tr>
<tr>
<td>Spain</td>
<td>53,226</td>
<td>1.3</td>
<td>118,368</td>
<td>2.6</td>
</tr>
<tr>
<td>Finland</td>
<td>42,221</td>
<td>0.9</td>
<td>100,336</td>
<td>2.3</td>
</tr>
<tr>
<td>Italy</td>
<td>42,119</td>
<td>1.1</td>
<td>98,610</td>
<td>2.5</td>
</tr>
<tr>
<td>Spain</td>
<td></td>
<td></td>
<td>96,145</td>
<td>2.3</td>
</tr>
<tr>
<td>Greece</td>
<td>33,529</td>
<td>1.2</td>
<td>67,952</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Source: OECD
Total nurse training places in England

Age profile of placed applicants on nursing courses in England, 2013–17
Applicants by the March deadline - UK

Source: UCAS
UCAS numbers - UK

Source: UCAS

Final Applicants
Acceptances
% 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

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

Spring Statement 2018: The lost decade
The recovery in real-terms annual pay appears unchanged with the pre-crisis peak not restored until 2025.

Source: OBR, Economic and Fiscal Outlook, various
Thank you