

Current issues in the health system

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Current landscape

Across the UK, the NHS is facing some of the biggest challenges in its seventy-year history:

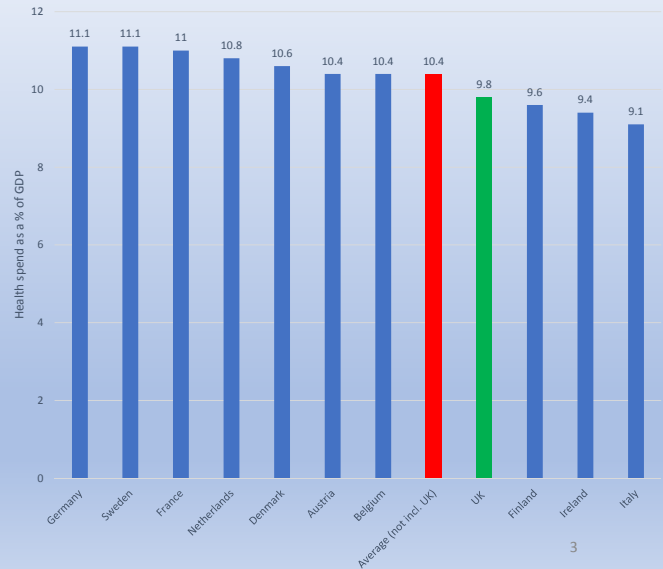
- **Nearly a decade of underfunding**
- **Unmanageable workloads, leading to stress and burnout and a recruitment/retention crisis**
- **Culture of blame that discourages openness and learning**
- **Lack of investment and training in new technology**
- **Lack of clarity surrounding transformation models, such as Accountable care systems**
- **An ageing population and steep increase in demand for health services**
- **Uncertainty from Brexit**

We need a system that will prioritise patient safety over top down targets, remove barriers to collaboration and innovation, and invest in our services and workforce according to our population demand

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The NHS funding crisis

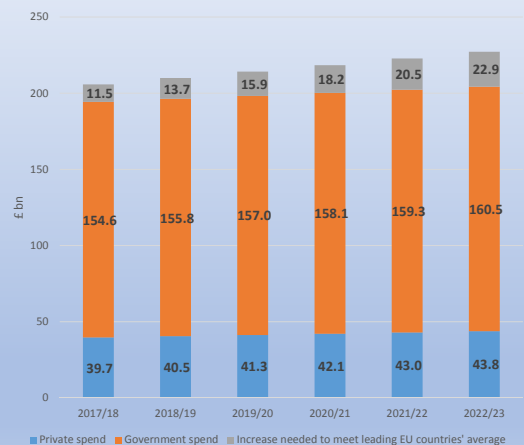
- Current **healthcare funding** is falling dramatically **short** as a proportion of **GDP** compared to other **European countries**. In England, it is estimated that by 2022/23, the **funding gap** will be around **£22bn** for what is needed



Health spending: our ask

Our ask is for the UK to match the average health spend of the 10 leading EU economies:

- ❑ Total UK health spending will reach £204.3bn by 2022/23.
- ❑ If the UK spent 10.4% GDP on health, total spending would reach £227.2bn by 2022/23.
- ❑ This is £22.9bn more than we predict health spend to be by then based on current levels of increase



With extra funding, we could:

- ❑ Increase the number of hospital beds by 35,000
- ❑ Employ an extra 10,000 GPs along with additional staff and facilities
- ❑ Increase investment into primary care. This would help manage the growing demand of the ageing population and relieve workload pressures for NHS staff. This would also help lessen the persistent divide between primary and secondary care

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Impact of lack of funding

- **NHS England** can expect to receive a **0.2% increase** in additional funding in 2019/20 which means a drop of **0.8%** in health spending **per person** when age-weighted **population growth** is considered
- Of the **£2.14bn** delivered of **additional funding** in the Autumn 2017 budget, **£1.05bn** of this will be used to **balance books** ^{EH12}
- **According to Nuffield Trust**, **hospitals** currently have a **real deficit** of around **£5.9bn** once recurrent savings are discounted – this means the **NHS** will have to continue to **shift funding** around to achieve a **balance in provider finances**

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EH12 refer to the £5.9 bn

Emma Holloway, 06/04/2018

Demand rising in both primary and secondary care

- Demand continues to rise: older population, multiple morbidity
- Volume of work increased both in secondary and primary care
- Between 2008/09 and 2016/17, referrals from GPs to secondary care increased by 29%, from 10.9m to 14m;
- 15% increase in GP consultations of 40m over 5 years to reach an estimated 340m/year
- A&E attendances: currently increasing by roughly 500,000 per year
- Emergency admissions: currently increasing by c. 140,000 per year

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Impact on patient services

- **55,000** patient **operations** were **cancelled** and then **rescheduled** at the end of 2017 as services struggled to cope with demand.
- Simon Stevens warned that February was likely the most pressured month in the NHS history, and so it was no surprise to see this reflected in the latest data from NHS England.
- **A&E waiting times** for **February 2018** are the **worst ever** recorded
- Widespread flu and norovirus outbreaks meant that bed occupancy has continued to sit around the 95% mark
- Number of patients waiting on trolleys during 2017 alone was more than were recorded in the whole of 2012, 2013 and 2014 combined
- **17,000 patients** were reported to be waiting at **least half an hour in ambulances** queuing outside full A&E units in first week **January 2017**

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Winter crisis may now turn into summer crisis

- The NHS could be facing a 'summer crisis' this year. BMA analysis suggests the best-case scenario would involve 1.51 million emergency admissions across the country and 127,000 trolley waits of four hours or more



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Impact on patient services

The state of general practice

- Proportion of patients waiting more than two weeks for an appointment has risen to a record high of **20% – up from 12% five years ago**
- Growing numbers of GP practices are closing their lists – more than half told a recent BMA survey they were considering ending new patient registration on a temporary basis to preserve safe care to existing patients
- In January 2018, a BMA survey found **71% of GPs** felt patient access had worsened because of NHS pressures
- Funding for general practice has fallen to **7.1% of the NHS England budget**. **NHS England Refreshed Planning Guidance confirms** that there will be **no increase in spending** beyond the GPFV, despite **additional funding** being announced in the **Autumn 2017 budget of 4%** EH9

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EH9 This is due to a 36% increase to sustainability for trusts and a 7% increase for specialised services

Emma Holloway, 05/04/2018

Workforce – problems facing recruitment and retention

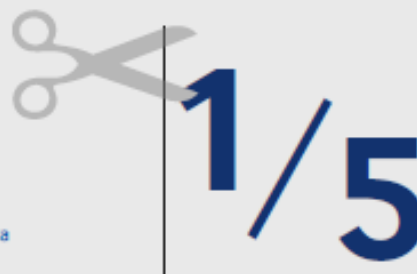
- **60%** of our members have reported one or more consultant vacancies in their department
- **71%** of respondents to our recent Consultant Workload survey^{EH1} reported junior doctor rota gaps in their departments
- **1 in 3 long-term unfilled posts in GP practices**
- Vast shortage in doctors, where we are listed as **5th** from the **bottom** out of the 35 **OECD countries**.
- Government's pledge to boost GP numbers by 5,000 by 2020 will deliver fewer than half the number needed to fill the UK's growing workforce deficit. According to Imperial College, the most 'optimistic' scenario is that the **GP headcount** will have to **increase by 12,000 to compensate** for **growing population** and **consultation complexity**
- Fewer people are choosing medicine as a career, with a **13.2% decrease of applicants** in the **UK since 2013**
- The current retention and recruitment crisis is having severe detrimental affect on our patient safety

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Under doctored

- The UK has only **one doctor** for every **360 people**. The EU average is **one doctor** for every **288 people**.

Between 2006/07 and 2015/16 the number of overnight beds has decreased by over a fifth.



OECD, 2013

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EH1 Retirement is a large component as to why there are vast vacancies, whereby posts remain unfilled due to lack of recruitment.

Emma Holloway, 03/04/2018

Workforce – workload pressures and morale issues reported by NHS staff

- Severe burnout due to work overload and pressures, which has had significant impact on retention, where ^{EH3} many doctors at all stages of careers, have chosen to leave the NHS
- **41%** of doctors responding to the BMA's quarterly survey described their **morale** as being **low** or very low
- **In 2017, consultants in** England, reported that, outside their contracted time, they work on average an **extra 4.5 unpaid hours** per week. **A quarter** of respondents described their current **workload** as 'consistently **unmanageable**' and **49%** had felt **unwell** over the last **12 months** as a result of **work related stress**
- Patient safety is suffering as a result of heavy workloads on doctors

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Workforce – NHS and a culture of blame

- There is still a negative culture of blame, fear, bullying and harassment within the NHS, which discourages openness and learning from mistakes
- Doctors often report feeling disempowered, conflicted and unable to act wholly in the interests of their patients, citing organisational pressures as barriers
- What can we learn from other organisations outside the NHS? How do they manage safety issues and what can we learn from their organisational culture?
- Five years on from the Don Berwick and Sir Francis reports, doctors feel little progress has been made

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EH3 The workforce is the most important aspect of any organisation. Adequate numbers of trained, motivated and healthy staff, with the right skills delivering care in the right places is what is needed for the NHS to continue delivering the highest quality care among any health system in the world.

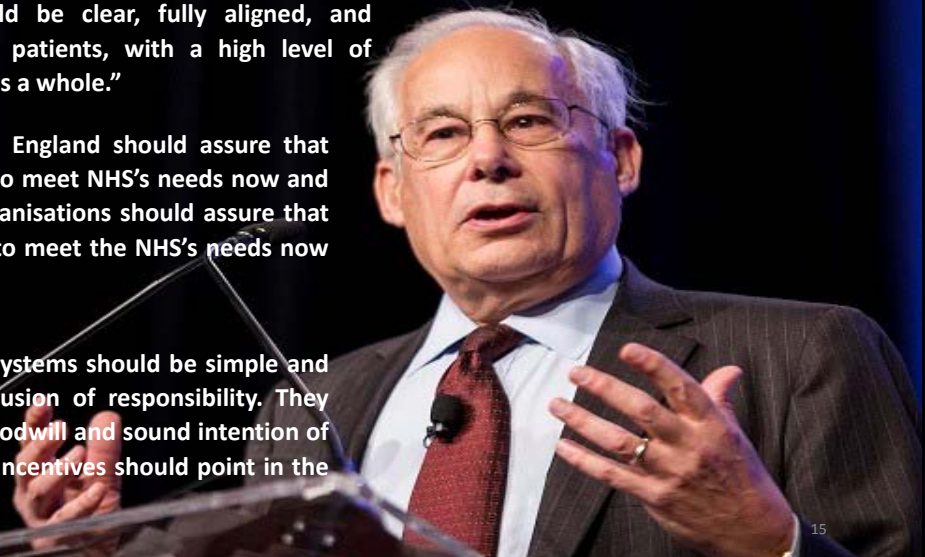
Emma Holloway, 03/04/2018

“NHS staff are not to blame – in the vast majority of cases it is systems, procedures, conditions, environment and constraints they face that lead to patient safety problems”

“Goals and incentives should be clear, fully aligned, and focused on the interests of patients, with a high level of coherence across the system as a whole.”

“Government, HEE and NHS England should assure that sufficient staff are available to meet NHS’s needs now and in the future. Healthcare organisations should assure that sufficient staff are available to meet the NHS’s needs now and in the future.”

“Supervisory and regulatory systems should be simple and clear. They should avoid diffusion of responsibility. They should be respectful of the goodwill and sound intention of the vast majority of staff. All incentives should point in the same direction.”



What can be done now to improve recruitment and retention?

- **Greater career flexibility:** part-time working, academic opportunities, flexible shift patterns
- **Safe and manageable workloads** and supportive, rewarding environments
- **Health and wellbeing services:** fully functional and resourced occupational health service
- **Tackle rota gaps:** innovative thinking around alleviating the negative impacts of rota gaps
- **Skill mix investment:** to support workforce and workload; complementary not substitution
- **Invest in high quality training placements consistently across the country**
- **Ensure the NHS can continue to recruit from overseas** where needed
- **Regulation:** GMC/CQC to recognise challenges of working in a system under pressure

Innovation – technology and the NHS

- Any innovation must be properly resourced if it is going to be successfully adopted across health and care system ^{EH8}
- The digital revolution has changed healthcare faster and more dramatically than at any other stage. Digitalisation, artificial intelligence, genomics, big data, robotics, virtual reality, tissue engineering and 3D printing are all already in use in the NHS, as well as countless other innovative tools, but we are not currently preparing our medical workforce for this work environment change.
- Doctors must be exposed to these emerging technologies so they are familiar with them when they start providing patient care. Medical schools are well positioned to provide this exposure, which in the long term will significantly benefit doctors and patients

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Transformation – current issues

- Integrated Care Systems (ICSs) and Accountable Care Organisations (ACOs), like STPs, have no legislative basis, raising significant governance issues around accountability and scrutiny
- The Autumn 2017 ^{EH5} budget saw an **additional £2.6 billion** set aside to **support STPs**, including an initial **£260 million allocated to STPs considered to be performing best**, some of which are advancing towards ICS and ACO models. This was **significantly less** than the **£9.5 billion** in capital funding that STPs **need** to implement programmes
- STPs were allo^{EH6}ed an extra £325 million from the 2017 Autumn budget, however this is vastly falling short of what is needed to avoid destabilisation
- An ACO, which combines multiple services into one contract, **risks** opening economies up to **privatization**, which could lead to an ACO being run for profit

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EH8 Unfortunately, IT and Innovation funding is usually sporadic, not ringfenced or recurring

Emma Holloway, 04/04/2018

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EH5 It is unclear where accountability lies as individual CCGs and NHS Trusts remain the principle statutory bodies within each model. This is especially important in the context of the scale of change that the partially and fully integrated ACOs may entail, and, therefore, these proposals require proper parliamentary scrutiny.

Emma Holloway, 04/04/2018

EH6 If the Government continues with its accountable care agenda, it will need to review its funding of the NHS, otherwise it risks further destabilisation at a time of unprecedented pressure

Emma Holloway, 04/04/2018

Transformation – current issues

- The fully integrated ACO model is incompatible with retaining GPs independent contractor status EH7
- Lack of consultation with doctors and patients, public on far reaching changes
- Full or partial contracts for general practice under ACOs pose a problem, as delegation of funding, especially for enhanced services, could be moved to the ACO, which would disrupt the autonomy for the practice over its spending

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Transformation – ICSs

- Accountable Care Systems (ACSs) and care systems in Greater Manchester and Surrey Heartlands will now be referred to as Integrated Care Systems (ICSs).
- These systems are expected to develop a single system operating plan encompassing NHS providers and CCGs, aligning key assumptions on income, expenditure, activity and workforce between them.
- This change in terminology reflects growing concern regarding negative perception of ACS & ACOs
- To avoid the same negative perception of ACSs and ACOs, ICSs – need to be:
 - Transparent**
 - Realistic and evidence-based**
 - Adequately funded**
 - Mindful of staff and have employment contracts that are negotiated nationally**
 - Clinically led and prioritise patient care, not savings**

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EH7 the current contracts underpins fair and consistent healthcare
Emma Holloway, 04/04/2018

What needs to happen

- Invest **£9.5 billion** in capital funding for the development of STPs
- NHS England and the Department of Health and Social Care must ensure that future consultations allow full and **proper scrutiny** of the **proposals**
- Clearer terminology and greater transparency
- For Government to **clarify** what **safeguards** will be in place to ensure that ACOs do not enable an increase in the role of independent sector providers in the NHS
- That all **doctors** working within ACOs will be **employed** on **national terms and conditions**

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The primary and secondary divide

- Artificial divide between GP and hospital doctors (across all four nations)
- Organisational interests above collaboration
- Duplication
- Bureaucracy
- Workload and cost shifting
- Patient care and quality undermined
- Divides doctors and compromises professionalism

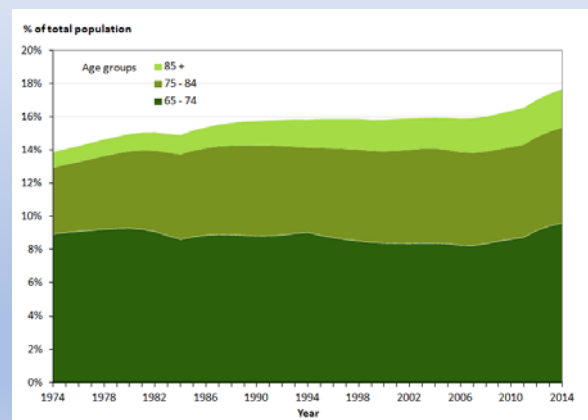
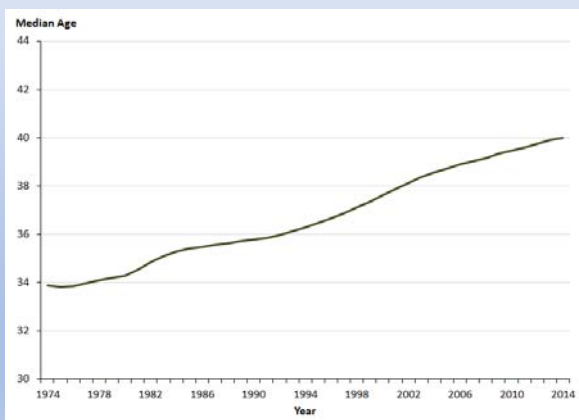
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The challenge of an ageing population

- It is projected that by **2040** nearly **one in four** people in the UK will be **aged 65 or over**. Demographic changes have been driven – at least in-part – by significant improvements in life expectancy, which in the **UK has increased from 70 for men and 76 for women since 1980**, to **over 79 and 82.5** respectively
- These demographic changes have resulted in greater number of older people living longer with more disability and often with two or more long term conditions
- This has an impact on the utilisation of health services. In England, for example, people aged 65 or over account for approximately **one in six** of the population but **one in two hospital bed days** and a **third of all outpatient attendances**

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The proportion of older people in the UK population is increasing



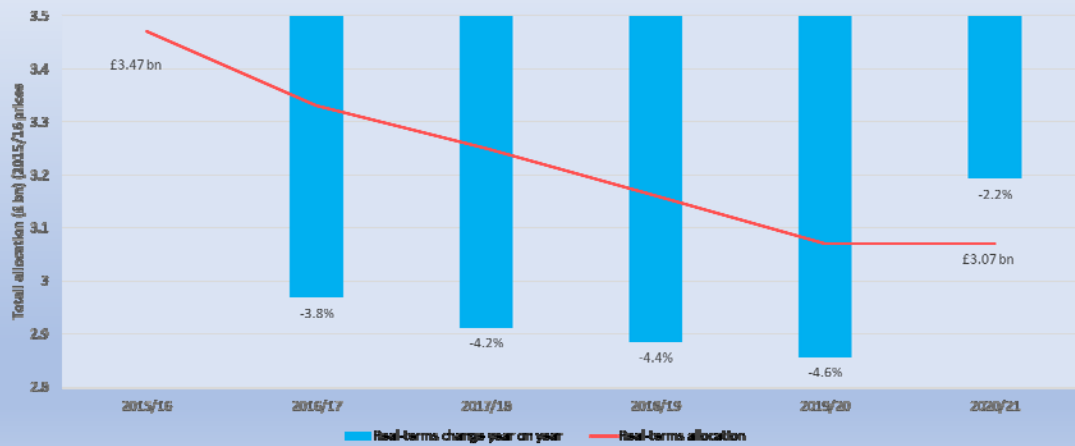
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The prevalence of long-term conditions is increasing

Prevalence of long-term conditions on QOF disease registers, England			
Type of long-term condition (all ages unless otherwise indicated)	Number affected (thousands)		Percentage (%) change
	2006-07	2014-15	
Cancer	489	1,282	62
Dementia	213	419	49
Diabetes (17+)	1,962	2,914	33
Chronic kidney disease (18+)	1,279	1,860	31
Chronic obstructive pulmonary disease	766	1,035	26

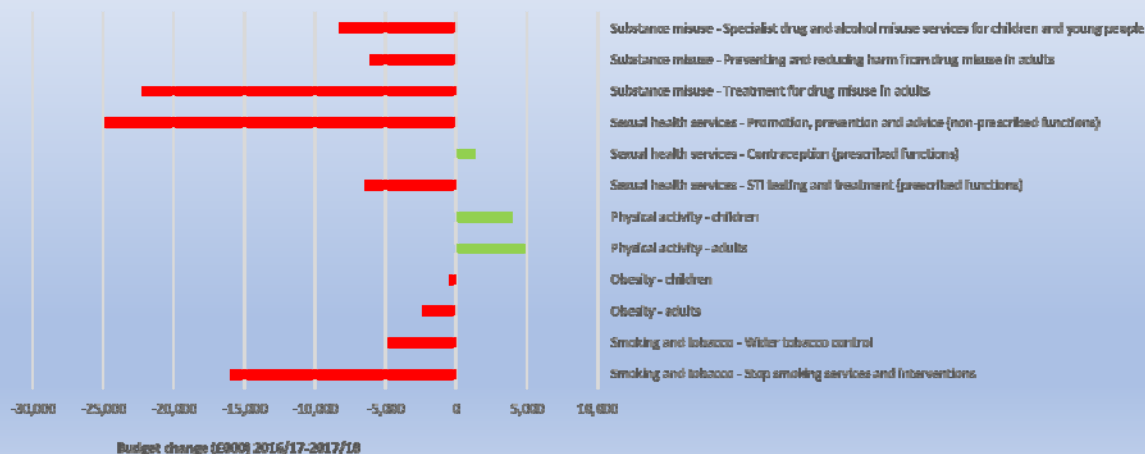
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Real-terms change in public health grant settlement for 2016/17 to 2020/21, England



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Cuts to public health budgets are having a significant impact on local services



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What can we do to help?

- Connect people to non-medical and community support services
- Social care is an increasing area of concern for the BMA. We believe that the significant pressures in social care is a direct result of inadequate resourcing. To look after individuals well, doctors need social care to be sufficiently funded and adequately staffed
- Improved integration between health and social care services is needed to ensure patients move between the two services easily
- Increased funding to provide more carers in the community. We welcomed the additional £150 million for adult social care from the Autumn 2017 budget but this is a one-off, temporary measure and needs to be compared against the annual social care funding gap of £2.3 bn by 2020

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EH10 there is also a need to encourage and recruit more people into social care as a career choice

Emma Holloway, 05/04/2018

Brexit: further uncertainty for NHS and doctors

With a year to go until the UK leaves the EU, it's vital we get a Brexit deal that provides certainty for doctors and health services in the UK and across Europe

- There is currently **135,000 NHS staff** working in England, who are **not UK nationals**
- The ongoing political uncertainty surrounding the future of EU nationals living and working in the UK will inevitably lead to NHS staff choosing to leave the UK
- Although Government has announced an extra 1500 training places in medical schools, we will still need to recruit outside of the UK for **10 years**, for safe levels of staffing. This is also a pressing concern for nursing and social care staff
- The UK's decision to leave the EU may result in a domestic economic downturn. The **NHS budget will be £2.8 billion lower** than currently planned for **2019/2020** if the UK leaves. The NHS funding **shortfall** could be at least **£19bn by 2030/2031** - equivalent to **£365 million a week**

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Brexit: further uncertainty for NHS and doctors

- **NHS funding:** will there be an extra £350m extra per week, as promised by the leave campaign?
- **Workforce:** uncertainty over recruitment & retention 10,000 NHS doctors from EEA nations, 4 in 10 considering leaving
- **Public health:** EU public health regulations will no longer apply
- **Medicines:** UK will leave the EMA (European Medicines Agency) and Euratom
- **Reciprocal healthcare:** access to schemes like EHIC (European healthcare insurance card)?
- **Regulation** – EEA graduates may not be exempt from competency testing
- **Competition and procurement:** opportunity to reform competition and procurement rules?
- **Where powers from EU will return to following Brexit:** will this be Westminster or to devolved nations?

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To deliver a smooth transition, we need...

- For medical students to be able to stay in the UK to live, train and work and vice versa for UK students in the EU
- Ongoing recognition of professional qualifications
- Continued access to EU research funding programmes and collaboration on medical research
- A flexible immigration system
- Close collaboration between the UK and the European Medicines Agency
- Permanent residence for EEA doctors, researchers and their families
- An agreement with Euratom to ensure patients in the UK have timely access to cancer treatments
- Close collaboration on disease surveillance with the EU
- Continuation of open borders between Northern Ireland and the Republic of Ireland

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