Royal College of Physicians

Budget 2017

Royal College of Physicians' representation

It has become increasingly clear that the NHS is facing a growing funding crisis that must be addressed urgently if the service is to be sustainable. Demand is rising faster than NHS services can adapt. The extra funding given to NHS England has not been enough to solve the deep-seated structural funding problems that are currently affecting the NHS. These issues are now having a significant impact on the ability of the health service to deliver safe and effective patient care. Unless immediate action and investment are made, patient care will continue to deteriorate and this will ultimately result in higher costs for society as a whole. This is being exacerbated by a lack of funding in public health and by the mounting crisis in social care, where demand is vastly outstripping the ability of the service to deliver.

The Royal College of Physicians (RCP) calls upon the Government to make additional provision for the NHS, for social care and for public health initiatives.

Current state of NHS finances

The NHS is experiencing the largest sustained fall in spending as a share of GDP in any period since 1951[i] and its finances are in an undeniably parlous state. We already spend less on healthcare as a proportion of GDP than Germany, France, Japan and the Netherlands along with 8 other developed nations.[ii] Furthermore, looking at health spending per capita we fall behind 16 other developed nations, including Germany, France, Australia, Sweden, Norway and Switzerland – indeed the UK spends 31.6% less per capita than Germany.[iii] At the same time, clinical outcomes lag behind our neighbours; the UK's mortality rate for cancer is 222 per 100,000 persons while Germany's is 197 per 100,000 persons and the UK's mortality rate due to cancer is behind 20 other developed countries, including Germany.[iv] If the current economic trajectory is not changed, it is estimated that health spending is will fall from 7.3% of GDP in 2014-15 to 6.6% in 2020-21.[v] This will have stark and negative ramifications for patient outcomes.

According to analysis from the National Audit Office, the growth in income in NHS trusts and NHS foundation trusts has not kept up pace with demand – cumulative spending between 2011-12 and 2015-16 rose by 11% while income only increased by just under 7%.[vi]

In 2015-16 157 trusts ended the year in deficit.[vii] In the six months ending 30 September 2016 142 trusts were reporting a year-end deficit.[viii] While this has fallen from the 153 trusts with a deficit in the three months ending 30 June 2016, it still represents over half of all provider trusts and a significant overall deficit in the provider sector.[ix]

In the six months ending 30 September 2016, provider trusts reported a £648 million year-to-date deficit compared to a £593 million year-to-date deficit reported in the three months ending 30 June 2016.[x] There is little to suggest that the total NHS provider deficit of £2.45 billion in 2015-16 will fall significantly in 2016-17.[xi]

In October 2014 NHS England estimated that without immediate action the gap between demand for health services and NHS funding would leave a black hole of £30 billion by 2020/21.[xii] To bridge the remaining funding gap, NHS England set the health service a target of £22 billion in efficiency savings by 2020/21 and called for the Government to make an additional £8 billion available to cover the remainder. In 2015 the Government pledged to give an additional £10 billion to the NHS over the five years up to 2020-21.

However, the RCP is concerned by reports that the real figure may actually be lower than this and even lower than the £8 billion requested by the NHS as a minimum. The chair of the Health Select Committee, Dr Sarah Wollaston MP, wrote to the Chancellor of the Exchequer on behalf of the committee in October 2016 noting that once inflation is taken into account the amount actually given to NHS England up to 2020-21 is between £4.5 billion.[xiii] This concern was reiterated by Simon Stevens in his evidence to the Public Accounts Committee on 12 January 2017.

We are also concerned that this has been accompanied by cuts in other areas, such as public health funding and social care funding, which are having a deleterious impact on the NHS's ability to provide care. Furthermore, numerous analyses of the current funding envelope for the NHS have come to the conclusion that the health service will struggle to achieve £22 billion of savings by 2020. In his comprehensive review of NHS spending, Lord Carter identified £5 billion of potential savings – well below the £22 billion identified as part of closing the funding gap by 2020.[xiv]

The RCP remains sceptical that trusts can eliminate deficits through efficiency savings. In 2016-17 ambitious plans to provide efficiency savings of 4% in 2016-17 were announced. Even if this 4% target is met, analysis by the Nuffield Trust suggests that providers would still be left with an underlying deficit of £2.35 billion at year end.[xv] The same analysis suggests that if savings of 3-4% are possible, they will only balance the books if pace of activity growth is reduced 2.9% per annum to 1.9% per annum. Missing the 3–4% efficiency target would mean that activity growth would need to be scaled back even further. As trusts have only achieved savings of 1.5-2% per annum in recent years and historically the average savings made have by 0.8% it seems likely that cuts to services may be needed to meet these targets.[xvi]

We are consequently very concerned that efficiency savings are having a deleterious impact on patient safety and care. 78.6% of physicians have told us that the drive to make efficiency savings five years have had an impact in the quality of patient care.[xvii]

It is therefore vital that action is taken to ensure that the NHS has the funding it needs to meet increasing demands on services. Furthermore, we urge that realistic targets be set for making efficiency savings, which will not result in services being cut or rationed.

On the issues of Sustainability and Transformation Plans, while we welcome the principles behind the Sustainability and Transformation Fund and support service redesign to support effective and efficient patient care, there is significant evidence now that it is being used plug gaps in funding rather than to fulfil its stated purpose of ensuring that NHS services are fit for the future. According to research from the King's Fund, 49% of provider finance directors report that their year-end position will be dependent on financial support from the Sustainability and Transformation Fund.[xviii] In order for the NHS to invest in its long-term future in a sustainable way, transformation funds such as these should be appropriately protected to ensure they are used for their intended purpose.

With a growing and increasingly older population, it is not enough to 'tinker round the edges'. The future sustainability of the NHS will require fundamental structural change and adequate resourcing.

NHS performance and rising demand

The current level of funding is insufficient to meet the level of demand being placed on the NHS according to 85% of physicians.[xix] Demand is increasing by 4% every year, but in real terms funding is only increasing by 0.2% a year to 2020.[xx,xxi]

Physicians are widely reporting increasingly heavy workloads. 44% of doctors report that their workloads are heavy or very heavy and 91% of physicians have told us that their workloads are becoming more intense.[xxii,xxiii] 69% of doctors-in-training who work on a clinical rota are working on a rota that has a permanent gap.[xxiv] Rota gaps increase the workload across the team, and can have a significant impact on patient care and staff wellbeing.

The volume of people waiting for treatment across the NHS is also increasing. Between September 2011 and September 2016 the number of people waiting for treatment increased by an average of 7.3% a year from 2.6 million in September 2011 to 3.7 million in September 2016.[xxv]

In accident and emergency, the number of attendances was 4% higher in October 2016 (2,000,645) compared to the same time in 2015 (1,923,326).[xxvi] Similarly the number of emergency admissions was 2.9% higher in October 2016 (492,983) compared to the same time in October 2015 (479,313).[xxvii]

While the rate of unplanned hospitalisation for chronic ambulatory care sensitive conditions (conditions for which it is possible to prevent acute exacerbations and reduce the need for hospital admission through

active management) has generally been falling from 930.8 per 100,000 persons in 2003-04 to 807.4 per 100,000 persons in 2014-15, the change in the rate appears to be plateauing.[xxviii]
As a result of this rising demand patient care is at risk of deteriorating. The NHS performance against its own benchmarks has been falling, with a particular downward trend emerging in the past 12 months. Between Q2 2006-07 and Q2 2016-17, the number of elective operations cancelled for non-clinical reasons increased on average by 4.7% a year.[xxix] Similarly, the number of people not treated 28 days after an elective operation was cancelled between Q2 2006-17 and Q2 2016-17 increased on average by 6.8% a year.[xxx]

The NHS has failed to meet the 18-week referral to treatment waiting time target for the last eight months for which data are available.[xxxi] In October 2016 the proportion of patients waiting for more than 18 weeks was 24.7% higher than in October 2015. [xxxii] Across the same time period the number of people waiting for longer than 52 weeks for treatment was also 64.6% higher.[xxxiii]

According to an analysis by the Nuffield Trust, winter pressures appear to be affecting the NHS far more this year than in 2015-16. In every week in December 2016 the number of OPEL 3 and OPEL 4 declarations[xxxiv] were higher than the number of trusts reported that they were experiencing 'serious operational problems' during the same time period in 2015.[xxxv]

Further to that, the rate of delayed transfers of care is at its highest level since data were first collected. In October 2016 there were a total of 200,008 delayed days compared to 160,094 in October 2015 – 24.9% higher.[xxxvi] On the last Thursday of October 2016 there were 6,810 people delayed in hospital; this was 27.8% higher than the 5,328 people recorded as waiting on the last day in September 2015.[xxxvii]

The reasons for rising demand are complex and multifaceted and linked to the UK's growing and increasingly medically complex population. A quarter of the population in England live with at least one long-term condition.[xxxviii] By 2018 it is estimated that there will be one million more people living with three of more long-term conditions than in 2008 – an increase of 53%. Older people in particular may have more complex health needs and are more likely to have two or more multi-morbidities – eg dementia and diabetes. Between 2015 and 2020 the population of the UK is expected to grow by 3%, but the population of those aged over 65 is expected to grow by 12% and those aged over 85 by 18%.[xxxix]

This increasing demand is clear from the number of clinical contacts taking place in hospital. In October 2016 1,325,908 patients started consultant-led treatment; the volume of people starting consultant-led treatment in the 12 month period up to October 2016 was 4.3% higher than in the preceding 12 month period.[xl]

There is significant evidence, therefore, that the NHS is under growing pressure and is struggling to meet the rising demand from a growing and more medically complex population, putting patient safety and the

quality of patient care at significant risk. The NHS does not have the resources it needs to deliver the same high quality, safe care that patients deserve without additional investment.

Workforce

The NHS is chronically understaffed and increased pressures on NHS services to deliver ever more care with the resources it needs. The UK has far fewer doctors per capita than its neighbours; the UK has one doctor for every 360 people, well below the EU average of one doctor per 288 people.[xli]

This is being exacerbated by a lack of doctors-in-training to take over from doctors who retire. Indeed, since 2010 the number of students entering medicine as an undergraduate has fallen by 3.6% and the number of trainees who go on to specialist training fell by 2.3% in 2015.[xlii,xliii] Furthermore, the number of vacancies for consultants increased by 60% between 2013 and 2015 and hospitals are struggling to recruit to consultant posts.[xliv,xlv] This has led to widespread rota gaps with 69% of doctors working on a clinical rota with permanent gaps.[xlvi]

According to the RCP Census of physicians, 28% (up from 21% in 2014-15) of hospital consultants stated that trainee rota gaps are sufficiently frequent, such that they cause significant problems for patient safety. A further 51% (up from 48% in 2014-15) stated rota gaps happened often, but usually with a workaround solution such that patient safety is not compromised.[xlvii]

In October 2016, the Secretary of State for Health, Jeremy Hunt MP, announced that funding would be made available to create an additional 1,500 training places.[xlviii] The RCP welcomed this announcement, however, these new training places will not 'come online' until 2018 and those who benefit from them will not become qualified until the late 2020s. Clarity is needed, therefore, on what will be done to ensure that the NHS workforce is able to deliver safe and effective care. This must include considerations around the role of doctors from overseas, including those from EU Member States who may be affected in particular by a change in the UK's place in Europe.

Furthermore, greater clarity is needed on where the funding for these training places will come from and whether this will be new funding.

We are also very concerned that Health Education England's (HEE) budget has been frozen in nominal terms until 2020-21[xlix]. With challenges from leaving the European Union, creating new training places and falling uptake of training, HEE needs to be adequately resourced to create a medical workforce that is able to deliver safe and effective care for patients

Public health

The NHS is facing increased demand, in particular from a growing and more medically complex population, and this has wide-ranging financial and clinical ramifications. Public health has an important role to play both in improving the health and wellbeing of the public, but also in reducing demand on the NHS with the need for cutting services.

Obesity, lack of physical activity, smoking, exposure to air pollution and alcohol abuse all have a major impact on individuals and their susceptibility to a range of diseases and conditions.
For example, in 2015 62.9% of people in England were obese or overweight.[l] Rates have been rising for many years with the prevalence of obesity rising from 15% to 27% between 1993 and 2015.[li] In 2007 the direct cost of obesity to the NHS was £2.7 billion (rising to £10 billion in 2050) and to the wider economy £15.8 billion (rising to 46.9 billion in 2050).[lii] This does not include the cost of diseases for which obesity is a risk factor – such as type 2 diabetes which is estimated to cost the NHS £8.8 billion a year (rising to £15.1 billion in 2035) and wider society £15.1 billion a year (rising to £20.5 billion in 2015).[liii] Some 40% of the UKs disability-adjusted life years are lost due to tobacco use, high blood pressure, overweight and obesity and low levels of physical activity.[liv]

At present approximately 70% of the NHS budget is spent on treating long-term conditions.[lv] Public health interventions are needed to reduce the impact of factors, such as obesity, that have their own costs but can also lead to other long-term conditions, such as diabetes. For example, it is estimated that getting one child to walk to school each day would result in societal savings of £768 and smoking prevention interventions in schools are estimated to save £15 for every £1 spent.[lvi] In Birmingham, a scheme to promote physical activity was estimated to have saved £23 for every £1 spent. Public health interventions make a valuable return on their investment and will result in reduced demand on the NHS, a more sustainable health service and reduced costs more widely across the economy.

However, in recent years public health has been seen as a soft target for cuts and there have been significant cuts already. This is deeply disappointing as investing in public health creates huge value for health and wellbeing and also significant economic returns. In 2015 £200 million was cut from local authorities' public health budgets and their budgets will fall by an additional £600 million up to 2020-21.[lvii] This move will only increase health inequalities, as noted by the Health Select Committee,[lviii] and is likely to increase the incidence and prevalence of a wide range of long-term conditions, placing additional pressure on the NHS and wider society.[lix] Furthermore, the National Institute for Health and Care Excellence (NICE) has already judged the overwhelming majority of public health initiatives it has assessed to be cost-effective.[lx] Improving public health must be a priority, both to improve the health and wellbeing of people, improving patient outcomes in the long term, and also to ensure to reduce demand on the NHS. Central to this is ensuring that Public Health England and local authorities have the resources they need to deliver impactful public health interventions that will ultimately save more money than they cost.

Specifically on tobacco, the RCP calls on the Government to publish the promised tobacco action plan to underpin the UK's efforts in tackling tobacco. In particular, we are keen to see additional funding for key measures such as mass media campaigns and stop smoking services. Furthermore, the RCP calls on HM Treasury to increase the tax escalator to 5% above inflation. The RCP supports the Smoke Free Action Coalitions submission to HM Treasury.

Social care

Healthcare and social care are closely interlinked and the growing problems in social care funding are having a serious knock-on effect on the NHS and patient care. Despite a growing older population, who are the greatest users of social care, social care budgets have been cut in recent years; between 2009 and 2015 spending has fallen on average by 2.2% every year.[lxi] Demand in social care settings is only set to increase. Between 2015 and 2035; the number of users of publically funded home care is expected to rise by 86% from 2015 to 2035 and the number of users of publically funded residential care homes is expected to rise by 49% over the same time period.[lxii] This has left services struggling to cope and created a £2.6-4.3 billion black hole in social care budgets up to 2019-20.[lxiii]

Pressures in social care are also a major contributor to the increasing rate of delayed transfers of care, which are at the highest level ever recorded.[lxiv] In the 2015-16 there were 1,173,985 delayed bed days in the NHS due to problems with accessing social care meaning people were left waiting in hospital.[lxv] This has cost the NHS £359.2 million.[lxvi]

While the 2% precept on council tax announced last year has had a limited impact on struggling social care services, it is only a stop gap, as is transferring additional funds from the NHS, which is itself underfunded. We welcome the move to increase funding to the Better Care Fund, but we are concerned that it is still backloaded to 2019-20 leaving services in the lurch in the meantime. However, neither of these initiatives will be enough to meet projected rising cost pressures of 4 per cent a year.[lxvii]

In the *Five year forward view*, which was accepted by the Government, NHS England made clear that a radical new approach to funding and running social care is needed.[lxviii] We understand the Government plans to bring forward plans to more closely integrate health and social care services by 2020. Greater clarity is needed on how this will, how budgets will be administered and how this will be funded. Furthermore, clarity is also needed on what will be done to support social care services in this parliament, as they are struggling to meet current demand which results in higher costs in the NHS.

Summary

Ensuring that the NHS is adequately resourced and supported is vital to ensure that patients continue to receive safe and effective care. However, funding has not kept up with rising demand. Action is needed to:

- ensure that NHS resources are able to meet the demand for health services
- ensure that realistic targets for efficiency savings are set that will not adversely impact on patient care
- protect funds for transformation so that genuine and sustainable transformation can occur in the NHS.

Allied to that, public health must also be adequately resourced to reduce levels of ill health amongst the population, reducing demand on the NHS and ensuring that people can continue to lead fulfilling and productive lives for as long as possible.

Social care is in crisis; urgent and immediate action must be taken to ensure that it is able to meet the needs of a growing older population.

Finally, clarity is needed on funding for new training places for doctors and the place of doctors from overseas, in particular, those from EU member states following the UK's exit from the EU.

About the RCP

The RCP plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the United Kingdom and overseas with education, training and support throughout their careers. As an independent body representing almost 33,000 fellows and members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare. Our primary interest is in building a health system that delivers high quality care for patients.

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