

## Health and gender

Briefing from the **UK Women's Budget Group** on the impact of changes in health policy on women

### Key points

- Over the last decade health services have seen **some of the lowest spending increases** in their history. NHS providers have moved **from a £2bn surplus in 2010 to a reported £2.5bn deficit in 2015/16**.
- The Conservative Party has promised real term increases in NHS spending reaching £8bn per year by 2022/23.<sup>1</sup> This represents a rate of increase of an average of 1.2% a year between 2017/18 and 2020/21.
- By contrast, the independent Office for Budget Responsibility (OBR) projects **funding pressures on the service to increase by more than 4% a year** above inflation.<sup>2</sup>
- **Women bear the brunt of these impacts**, as they account for **the majority of patients and staff in the NHS and the majority of unpaid carers**. In 2015/16, women accounted for 55% of hospital admissions.
- 77% of the NHS workforce are female, accounting for 43% of doctors and 88.6% of registered nurses.
- NHS staff have been under a 1% public sector pay cap since 2010, which has led to a **decline in real wages of around 14%**. In 2017, for the first time on record, **more nurses were leaving than joining the profession**, with the resultant shortfall impacting on patient care and outcomes.

*'Without additional funding for the NHS, waiting times for hospital treatment will get longer and the deterioration in patient care is set to continue. This should be a warning for the Chancellor as he prepares the Budget.'*

Siva Anandaciva, Chief Analyst, The King's Fund, November 2017<sup>3</sup>

*'...while the NHS secondary care system may be in financial crisis, the solution to that crisis is not beyond the reach of the public purse.'*

Sally Gainsbury, Nuffield Trust, August 2017<sup>4</sup>

<sup>1</sup> BBC News (May 2017) *Conservative manifesto summary: Key points at-a-glance* (<http://bbc.in/2qwcMLy>)

<sup>2</sup> The Health Foundation (May 2017) *Conservative manifesto pledge will deliver extra money for NHS but leave £12bn funding gap by 2020/21* (<http://bit.ly/2qZdG4b>)

<sup>3</sup> The King's Fund (November 2017) *NHS Quarterly Monitoring Report for November 2017* (<http://bit.ly/2z6HZKT>)

<sup>4</sup> Nuffield Trust (August 2017) *Understanding the NHS deficit and why it won't go away* (<http://bit.ly/2ixpwA7>)

## NHS funding

Funding growth for the NHS has slowed dramatically since the start of the coalition government in 2010. This is in contrast to the sustained increase in funding in real terms over the 13 years from 1997/8 to 2009/10. Over the last decade health services have seen some of the lowest spending increases in their history. NHS providers have moved from a £2bn surplus in 2010 to a reported £2.5bn deficit in 2015/16. The reported overspend in 2016/17 was £791m. However, measurement of the deficit is not straightforward and is affected by accountancy rules and by one-off savings such as land sales and recruitment freezes. The Nuffield Trust calculates that the true size of the expenditure over income gap for NHS hospitals and other services came to £4.3bn in 2015/16. This improved slightly to a deficit of £3.7bn deficit in 2016/17 taking account of the one-off funding boosts that could not be repeated.<sup>5</sup> Systematically it costs more to treat each patient on average than the income that hospitals and other providers receive to carry out those treatments.<sup>6</sup>

The target set for 2017/18 is to end the year next March with a reported deficit of just under £500m. To achieve this will require cost savings of £3.6bn, equivalent to a cut in operating costs of 4.3%. This highest level of cost efficiencies ever achieved was 3.9% for just one year only in 2011. The targets are not achievable.<sup>7</sup>

The health sector has received some emergency funding in recent months. In 2015/16 a £1.8bn one-off 'sustainability fund' was announced. This is being used not to fund patient care directly but as a reward for providers that achieve financial targets to reduce expenditure. Around 57 organisations missed these quarterly targets in 2016/17.<sup>8</sup> To support A&E, £100m additional capital funding was to be made available to the English NHS from April. However, this will not stretch far (equivalent to £700,000 per trust with a major A&E department) and, this fails to address the underlying problems of overcrowding and poor flow of patients in the rest of the hospital system resulting in blockages in A&E. In January 2017, for example, nearly 80,000 patients were stuck between A&E and a bed in hospital, over 50% more than the same month in 2016 and an all-time high.<sup>9</sup>

<sup>5</sup> The Guardian (August 2017) *NHS trusts overspend is £3bn higher than reported study claims* (<http://bit.ly/2wUUIia>)

<sup>6</sup> Nuffield Trust (August 2017) *Understanding the NHS deficit and why it won't go away* (<http://bit.ly/2jxpwA7>)

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> Nuffield Trust (March 2017) *Spring budget 2017: the good news and the bad news* (<http://bit.ly/2zLkUg0>)

The Spring Budget 2017 made available £325m over three years with more promised in the November Budget, to support 15 controversial Sustainability and Transformation Plans (STPs) across England.<sup>10</sup> STPs, introduced in 2015, are five-year plans covering all aspects of NHS spending in England with a view to increasing collaboration across services in local areas, known as 'place-based planning'. Implementation is challenging, with the legacy of the 2012 Health and Social Care Act which promoted competition rather than collaboration, as well as the on-going financial crisis in the sector.<sup>11</sup>

In their manifesto for the May 2017 General Election, the Conservative Party promised real term increases in NHS spending reaching £8bn per year by 2022/23.<sup>12</sup> These proposed plans represented a boost to healthcare spending from £123.7bn in 2017/18 to £128.4bn in 2020/21, a rate of increase of an average of 1.2% a year. This is the same rate of growth as under the coalition government (2009/10 to 2014/15). As a share of GDP this would mean a fall in the share going to health care spending from 7.3% in 2016/17 to 7.2% in 2020/21. And this compares with an annual NHS funding growth of an average of 4% a year in its first 70 years. Experts predict that even with this increase there will still be a funding gap for NHS in England of £12bn by 2020/21.<sup>13</sup> Much more funding is needed.

Following the Naylor Review of NHS property and estates in March 2017,<sup>14</sup> the Prime Minister promised an additional £10bn of capital investment during the next parliament in addition to the £8bn above. Some of this additional funding will come from NHS land sales and other sources rather than new government spending. The NHS Autumn budget should reveal plans for how the government will allocate this additional NHS funding.<sup>15</sup>

The independent Office for Budget Responsibility (OBR) projects funding pressures on the service to increase by more than 4% a year above inflation.<sup>16</sup> Surveys of trust financial directors and clinical commissioning group

<sup>10</sup> The King's Fund (November 2017) *NHS Quarterly Monitoring Report for November 2017* (<http://bit.ly/2z6HZKT>)

<sup>11</sup> The King's Fund (February 2017) *Sustainability and transformation plans (STPs) explained* (<http://bit.ly/2fOdy0d>)

<sup>12</sup> BBC News (May 2017) *Conservative manifesto summary: Key points at-a-glance* (<http://bbc.in/2qwcMLy>)

<sup>13</sup> The Health Foundation (May 2017) *Conservative manifesto pledge will deliver extra money for NHS but leave £12bn funding gap by 2020/21* (<http://bit.ly/2qZdG4b>)

<sup>14</sup> Department of Health (June 2017) *NHS property and estates: Naylor review* (<http://bit.ly/2s4i16x>)

<sup>15</sup> The King's Fund (2017) *The NHS budget and how it has changed* (<http://bit.ly/2j2sE2g>)

<sup>16</sup> The Health Foundation (May 2017) *Conservative manifesto pledge will deliver extra money for NHS but leave £12bn funding gap by 2020/21* (<http://bit.ly/2qZdG4b>)

finance directors shows increasing concern over whether local CCGs can deliver their financial targets in 2017/18. The planned funding increases are far from sufficient to address years of inadequate finance.

### Women as patients

The King's Fund Quarterly Monitoring Report for November 2017 shows that performance against a number of key indicators is worse than at this time last year and finances remain precarious despite the emergency funding injection.<sup>17</sup> Care quality standards have typically been maintained despite the financial stress. However, the impact is on availability of and waiting times for treatment.<sup>18</sup> Women are likely to be disproportionately affected as, although they have a longer life expectancy, they are more likely than men to experience ill-health and require health services.<sup>19</sup> The English Longitudinal Study of Ageing (ELSA) found that 36% of women and 30% of men aged over 50 reported a limiting long-standing illness in 2014/15.<sup>20</sup> In 2015/16, women made up 55% of admissions to hospitals (defined by finished consultant episodes).<sup>21</sup>

### Rationing of services

A survey of 27 CCGs by the King's Fund in 2017 found that they were considering options to cope with lack of funds which include extending waiting lists, reducing activity for certain elective specialties and increasing the number of low-value treatments and prescriptions that will not be funded, increasing use of patient characteristics and eligibility criteria – such as smoking status or body mass index as criteria for accessing care, and placing more limits on access to services such as IVF.<sup>22</sup>

### Increased waiting times

In 2000 a target was introduced that 98% of patients coming to A&E would have a decision taken about their treatment within two hours. From 2005 to 2010 the proportion of patients staying in A&E for more than four hours stayed at around 2%. In April 2011 the target was relaxed to 95% and the proportion waiting longer than four hours has increased. In May 2017 only around 85%

were seen within four hours.<sup>23</sup> This is due to a number of factors including inpatient bed availability. High bed occupancy rates (over 85%) delay admissions from A&E. During the 2016/17 winter, national bed occupancy rate was closer to 95%, a level that the Royal College of Emergency Medicine describes as 'unsafe'.<sup>24</sup> Birmingham and Solihull Mental Health Foundation Trust reported that it continually has an occupancy rate of more than 100%, resulting in one patient left to sleep on a chair for a week in a unit intended to keep people for 12 hours.<sup>25</sup>

Waiting times for elective surgery are also increasing. The NHS is treating more patients but demand is increasing at a higher rate.<sup>26</sup> The number of people waiting for elective treatment has risen by 25% since 2015.<sup>27</sup> In 2017, waiting lists for elective treatment reached 4.1 million patients, the highest level since August 2007. Performance against the 18-week referral-to-treatment waiting time standard has worsened with more than 10% of patients waiting more than 18 weeks for treatment. The proportion of patients waiting more than six weeks for a diagnostic test has now missed its standard (1%) every month since November 2013. In each month between April and August 2017 the number of people waiting for a diagnostic test has been 3% higher on average than the same month in 2016 with 875,000 people waiting for a diagnostic test by August 2017.<sup>28</sup>

### Mental health

Three quarters of people who care for a person with a mental health problem are women, women are twice as likely to experience anxiety disorders as men and two thirds of people with dementia are women.<sup>29</sup> There is an emerging crisis in mental health of young women and girls. In England, women are more likely than men to have a common mental health problem and are almost twice as likely to be diagnosed with anxiety disorders. While three quarters of suicides are male, the suicide rate for females in England aged between 10 and 29 has

<sup>17</sup> The King's Fund (November 2017) *NHS Quarterly Monitoring Report for November 2017* (<http://bit.ly/2z6HZKT>)

<sup>18</sup> Ibid.

<sup>19</sup> Touchstone (2017) *Ill health is a class and gender issue* (<http://bit.ly/2zJU33E>)

<sup>20</sup> Institute for Fiscal Studies (2016) *The Dynamics of Ageing* (<http://bit.ly/2ATyY55>)

<sup>21</sup> NHS Digital (2016) *Hospital Admitted Patient Care Activity 2015/16* (<http://bit.ly/2A4YkzR>)

<sup>22</sup> The King's Fund (November 2017) *NHS Quarterly Monitoring Report for November 2017* (<http://bit.ly/2z6HZKT>)

<sup>23</sup> Quality Watch (July 2017) *A&E waiting times* (<http://bit.ly/2iZfgnG>)

<sup>24</sup> Royal College of Emergency Medicine (February 2017) *A&E performance figures 'don't fully reflect how bad the situation has become'* (<http://bit.ly/2ASZbk8>)

<sup>25</sup> Health Services Journal (October 2017) *Patient sleeps on chair for a week as trust runs out of beds* (<http://bit.ly/2inTrqZ>)

<sup>26</sup> Full Fact (May 2017) *Is the NHS in crisis?* (<http://bit.ly/2mxES7V>)

<sup>27</sup> House of Commons Library (2017) *NHS Indicators: England October 2017* (<http://bit.ly/2hvQR1k>)

<sup>28</sup> The King's Fund (November 2017) *NHS Quarterly Monitoring Report for November 2017* (<http://bit.ly/2z6HZKT>)

<sup>29</sup> Mental Health Foundation (2017) *Women and Mental Health* (<http://bit.ly/2imFx8l>)

risen from 2.7 per 100,000 to 3.2 per 100,000.<sup>30</sup> There are considerably higher rates of self-harm in girls than boys (37.4 per 10,000 compared with 12.3) and there has been a marked increase in self-harming in girls, particularly in girls aged 13-16 where the incidence of self-harming increased by 68%. Children and adolescents that self-harm were 17 times more likely to die by suicide. The incidence of self-harm was highest in the most deprived localities.<sup>31</sup>

The government has stated that mental health is a key priority and announced in 2011 an ambition to achieve 'parity of esteem' between mental and physical health by 2020. In 2014, NHS England outlined an expectation that CCGs would increase mental health spending in 2015/16 in real terms by at least the same proportion of each CCGs allocation increase.

However, evidence from the King's Fund suggests that funding for mental health has been cut. In 2016 the King's Fund found that 40% of mental health trusts had seen reductions to their income in 2013/14 and 2014/15<sup>32</sup> so it seems likely that for many CCGs overall spending on mental health has been lower than planned. In large part this seems to reflect the problems with acute (hospital) sector deficits.<sup>33</sup> There are 7000 fewer mental health nurses since 2010.<sup>34</sup>

At the same time there has been a rise in referrals to community mental health teams in England over the same period of 20%. 2100 beds for mental health patients have been closed between 2011 and 2016.<sup>35</sup> According to a 2016 report by the NAO, just 25% of people needing mental health services have access to them. While more funding sources have been announced in the past two years there is not sufficient detailing of how these will reach frontline services, particularly in view of the extreme financial pressures facing health service Clinical Commissioning Groups (CCGs).<sup>36</sup>

Unlike acute (hospital) trusts, mental health trusts appear to have avoided going into deficit but this seems

to have been at the expense of care quality and access. A survey by the King's Fund found that 40% of respondents from mental health and community trusts planned to reduce the number of permanent clinical staff and there has been a significant reduction in the number of experienced nurses, suggesting that mental health providers are continuing to reduce their headcount despite the risks this brings to quality of care.<sup>37</sup>

The impact of inadequate funding includes widespread evidence of poor-quality care, bed occupancy above recommended levels, community services unable to provide sufficient levels of support to compensate for reductions in beds, and high numbers of out-of-area placements for patients which have a detrimental impact on patients and are associated with an increased risk of suicide. In addition, there has been a significant reduction in the number of experienced nurses, resulting in staff shortages and insufficient staff skill mix in some areas of care. The reduction in staff and high levels of stress reported among staff is affecting their ability to treat patients with patience and empathy.<sup>38</sup>

### *Women as employees*

Staff pay accounts for between 60 and 70% of hospitals overall costs<sup>39</sup> so financial pressures are affecting employees. The NHS employs around 1.5 million people.<sup>40</sup> While women make up 47% of the working population, 77% of the NHS workforce is female. In England, 43% of doctors are women.<sup>41</sup> However, only 5% of female staff are doctors and dentists compared with 22% of male staff.<sup>42</sup> In 2016 88.6% of registered nurses in the UK were female.<sup>43</sup>

Since 2010, NHS staff has been under a 1% public sector pay cap which has led to a decline in real wages of around 14%. In October 2017, the health secretary, Jeremy Hunt, announced that the cap on NHS staff pay would be scrapped but it is not clear where the funding will come from for the pay increase, given the pressure on NHS finances<sup>44</sup> and there is a long way to go to close

<sup>30</sup> The Telegraph (October 2017) 'Heartbreaking' 68pc rise in self-harm among young teenage girls (<http://bit.ly/2jwOXli>)

<sup>31</sup> Morgan, C., M. Carr, J. Green, C. Chew-Graham, N. Kapur, D. Ashcroft (2017) Incidence, clinical management, and mortality risk following self harm among children and adolescents: cohort study in primary care *BMJ*, 359 (<http://bit.ly/2hEyBq8>)

<sup>32</sup> The King's Fund (2016) *Trust finances raise concerns about the future of the Mental Health Taskforce recommendations* (<http://bit.ly/2AMuLzn>)

<sup>33</sup> Ibid.

<sup>34</sup> Full Fact (July 2017) *Are mental health nurse numbers down?* (<http://bit.ly/2ASgMIV>)

<sup>35</sup> The Telegraph (April 2017) *NHS to offer tracking apps to those at risk of suicide and self-harm* (<http://bit.ly/2mvD1RX>)

<sup>36</sup> NHS Providers (2016) *The State of the NHS Provider Sector* (<http://bit.ly/2iosQTS>)

<sup>37</sup> The King's Fund (2016) *Trust finances raise concerns about the future of the Mental Health Taskforce recommendations* (<http://bit.ly/2AMuLzn>)

<sup>38</sup> The King's Fund (2015) *Mental health under pressure* (<http://bit.ly/2z7l69b>)

<sup>39</sup> The King's Fund (October 2017) *Falling number of nurses in the NHS paints a worrying picture* (<http://bit.ly/2jwAbLe>)

<sup>40</sup> Full Fact (2017) *How many NHS employees are there?* (<http://bit.ly/2hENGLv>)

<sup>41</sup> The King's Fund (2017) *Overview of the health and social care workforce* (<http://bit.ly/2zMw9V8>)

<sup>42</sup> NHS Employers (2017) *Gender in the NHS* (<http://bit.ly/2jxHBht>)

<sup>43</sup> The Guardian (March 2017) *Why are there so few male nurses?* (<http://bit.ly/2hxBYvD>)

<sup>44</sup> The Guardian (October 2017) *Pay cap on NHS staff to be lifted, Jeremy Hunt tells Commons* (<http://bit.ly/2hunooC>)

the gap created by successive pay cuts. Around 20% of nursing staff have taken another job to make ends meet.<sup>45</sup>

Nursing numbers are falling as many nursing staff is now leaving the profession. In March 2015 it was reported that there was a shortfall in nursing staff of approximately 8.9%.<sup>46</sup> The percentage of nurses and midwives leaving the NHS has risen every year since 2011/12.<sup>47</sup> In July 2017 it was reported that for the first time on record, more were leaving than joining the profession. While concerns have been raised about Brexit, which has led to a 96% reduction in the number of nurses from the EU registering to practice in the UK between July 2016 and June 2017,<sup>48</sup> it is the departure of UK nurses that is having the biggest impact on staff numbers.

The adverse effects of funding cuts have affected staff morale, and are now affecting staffing numbers. In a survey of more than 4,500 who left the nursing register over the previous 12 months, excluding retirement, the top three reasons given for leaving were working conditions (including staffing levels / workload (44%)) a change in personal circumstances (such as ill health or caring responsibilities (28%)) and a disillusionment with the quality of care provided to patients (27%).<sup>49</sup>

In addition to staff leaving the profession, numbers applying for training places are declining. Around 92% of applicants to nursing are female. In 2016 the DH announced that from 1 August 2017 new nursing, midwifery and some pre-registration allied health students in England would no longer receive NHS bursaries and must now access the student loan system. Data from UCAS indicates a decline of almost 23% in the number of applicants to study nursing in 2017. However, the decline was already on a downward trend and is not entirely attributable to the removal of the bursary.<sup>50</sup>

In November 2017 it was reported that there were 1,300 fewer full-time nurses and health visitors employed in the NHS than in July 2016<sup>51</sup> and nursing leaders are

reportedly worried about their ability to recruit nurses.<sup>52</sup> As winter approaches, and demand for care increases, difficulties in recruiting staff will put further pressure on the NHS funds and trusts will have to employ more costly agency staff. Falling staffing levels affects patients. Research from the University of Southampton finds that lower staffing levels are associated with higher patient mortality, with 'care left undone due to lack of time' identified as the 'missing link' in understanding variation in hospital mortality rates.<sup>53</sup>

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WBG is an independent, voluntary organisation made up of individuals from Academia, NGOs and trade unions.

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<sup>45</sup> Royal College of Nursing (2017) *The true cost of the pay gap* (<http://bit.ly/2A2HotC>)

<sup>46</sup> The King's Fund (2017) *NHS Staffing Numbers* (<http://bit.ly/2z7fb40>)

<sup>47</sup> NHS Health Education England (2017) *Narrowing the Gap: considering gen-gagement* (<http://bit.ly/2j0hPyv>)

<sup>48</sup> The Health Foundation (June 2017) *New data show 96% drop in nurses from EU since July last year* (<http://bit.ly/2jvQs3k>)

<sup>49</sup> The Nursing and Midwifery Council (2017) *The NMC Register 2012/13-2016/17* (<http://bit.ly/2z7gHUy>)

<sup>50</sup> The Health Foundation (2017) *Rising pressure: the NHS workforce challenge* (<http://bit.ly/2hyA0ex>)

<sup>51</sup> The King's Fund (November 2017) *NHS Quarterly Monitoring Report for November 2017* (<http://bit.ly/2z6HZKT>)

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<sup>52</sup> Health Services Journal (May 2017) *New fears over nursing workforce shortages revealed* (<http://bit.ly/2zOkeEE>)

<sup>53</sup> Ball, J. et al (2017) *Post-operative mortality, missed care and nurse staffing in nine countries: A cross-sectional study* *International Journal of Nursing Studies* (<http://bit.ly/2zK97Po>)