
Health and gender

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

October 2018

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. In June 2018, the government announced **an additional £20bn in real terms for the NHS in England in the five years to 2023/24**.
- While the amounts proposed in June are significantly higher than funding increases over the past eight years, this is **still below the historical 3.7% average annual rise** that the NHS has seen since 1948 and **below the 4% annual increase that the King's Fund and others have argued is required** to improve services after years of underfunding.
- As a result, **health services remain severely strained and women – as the majority of patients, staff and unpaid carers – have borne the brunt of these impacts**. This has had a number of profound effects, including on life expectancy. Recent data shows that more older people, particularly older women, are dying than expected given historical trends.
- **Women account for 77% of the total NHS workforce**. Between 2010 and 2018, NHS staff were under a 1% public sector pay cap that 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. A new pay deal for 'Agenda for Change' staff announced in March 2018 has yet to translate into the expected pay rises for some staff.

NHS funding

In June 2018, the Government announced that an additional £20bn in real terms would be made available for the NHS in England over the five years to 2023/24, describing it as a 70th 'birthday present' for the health service. The funding means that the £114bn budget will rise by an average of 3.4% in real terms annually.¹ The plan is for this to be frontloaded with 3.6% in the first two years.² The June announcement follows additional funding of £6.3bn over five years outlined in the Autumn 2017 budget.³

The government's pledge comes after seven years of an unprecedented squeeze on health spending. Since the start of the coalition government in 2010, health spending increases have been around 1% a year, far lower than at any other time in the history of the NHS.⁴ These low rates of increase have not been sufficient to keep up with rising demand from an

aging population with increasingly complex health needs. And these small increases all but disappear when population growth and the more complex needs of patients are taken into account. Under austerity measures, NHS providers moved from an aggregate £2bn surplus in 2010 to a £2.5bn deficit in 2015/16. While the amounts proposed in June are significantly higher than funding increases over the past eight years, this is still below the historical 3.7% average annual rise that the NHS has seen since 1948,⁵ and below the 4% annual increase that The Kings Fund and others have argued is required to improve services after years of underfunding.

The Autumn 2018 budget is expected to give some indication of how this additional funding will be spent and there will be tough choices.⁶ Years of inadequate funding have taken their toll,⁷ with waiting times rising, access to some services restricted and general practice, community and mental health services all

¹ BBC News (June 2017) *NHS funding: Theresa May unveils £20bn boost* <https://bbc.in/2LURVcn>

² Full Fact (June 2018) *Spending on the NHS in England* <https://bit.ly/2qSTU11>

³ M. Kershaw (2018) *The perpetual winter's tale* The Kings Fund, <https://bit.ly/2HgRACc>

⁴ Full Fact (June 2018) *Spending on the NHS in England* <https://bit.ly/2qSTU11>

⁵ Institute for Fiscal Studies (June 2018) "What does the NHS funding announcement mean for health spending in England?" <https://www.ifs.org.uk/publications/13077>

⁶ C. Ham and R. Murray (2018) "The NHS 10-year plan: how should the extra funding be spent" Blog for The Kings Fund, <https://www.kingsfund.org.uk/publications/nhs-10-year-plan>

⁷ "The Autumn Budget: joint statement on health and social care" by Nuffield Trust, The Health Foundation and The Kings Fund, and see 2017 WBG entry on health

under strain. According to NHS Providers, recovering lost ground (e.g. in missed targets, restoring financial deficits, boosting diminished workforce, managing estates risks) will take up most, if not all, of the additional NHS spending and so restrict any options for more substantial reform.⁸

In addition, the Autumn budget should reveal where this additional funding will come from.⁹ The Prime Minister has suggested that part of the finance will come from a 'Brexit dividend' an idea dismissed as misleading by the Office for Budget Responsibility and the Institute for Fiscal Studies¹⁰ (IFS) as Brexit is likely to worsen rather than improve public finances. She has also hinted that taxes will have to rise. For the IFS, options to finance the promised increase in spending come down to increasing taxes and/or increasing borrowing and/or cuts to other departmental spending plans.¹¹

NHS Services

Despite the funding boost at the start of last winter, services continued to be under severe strain.¹² Bed occupancy rates reached around 92.6% between January and March 2018, the highest levels since records began. Occupancy above 85% is reported to compromise patient safety.¹³ The NHS has been missing many of the standards for patient care set out in the NHS Constitution. For instance, the standard that 95% of patients should be seen within four hours has not been met since July 2015. Similarly, the standard that 92% of patients should start treatment within 18 weeks of referral has not been met since February 2016 and the standard that 85% of patients should begin definitive treatment for cancer within 62 days of referral has not been met since 2013/14.¹⁴ In April 2018, the number of people waiting over 18

weeks for trauma and orthopaedic surgery were the highest since records began in 2010.¹⁵

There are some ways in which female patients have been disproportionately affected. Although they have a longer life expectancy, women are more likely than men to experience ill-health and require health services.¹⁶ 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 2014/15.¹⁷ In 2015/16, women made up 55% of admissions to hospitals (defined by finished consultant episodes).¹⁸

Women are also more likely to use GP services than men. Research shows that the GP consultation rate for women is 32% higher than for men, in part due to reproductive-related consultations.¹⁹ Spending in primary care has been cut by 4% between 2010/11 and 2016/17²⁰, resulting in a fall in GP numbers in the decade to 2016.²¹ Admission to hospital to give birth is the single largest cause of admission to NHS hospitals in England.²² Evidence indicates that nearly half of England's maternity units closed to new mothers at some point in 2017. Capacity and staffing issues was the most common reason.²³

The funding increase applies to NHS spending only. It is not clear what will happen to other aspects of health provision, in particular to public health and social care which have a major impact on overall health outcomes. In 2013, responsibility for delivering public health services was transferred to local councils. These have seen extensive funding cuts across the board and, while NHS funding has risen, funding for public health is expected to fall by 14% between 2015 and 2020.²⁴ In 2015, commissioning of health visiting was transferred to local authorities.

⁸ NHS Providers (July 2018) *The NHS Funding Settlement: Recovering Lost Ground* <https://bit.ly/2KTrmHG>

⁹ Financial Times (17 June 2018) *A welcome, if overdue, funding rise for the NHS*, <https://on.ft.com/2Pv60PM>

¹⁰ The Guardian (June 2018) *Teresa May tells taxpayers to expect to pay more to fund NHS* <https://bit.ly/2i37Pij>

¹¹ Institute for Fiscal Studies (June 2018) *The NHS's '70th birthday present' and the public finances* <https://www.ifs.org.uk/publications/13078>

¹² M. Kershaw (2018) *The perpetual winter's tale* The Kings Fund, <https://www.kingsfund.org.uk/blog/2018/04/perpetual-winters-tale>

¹³ Health Services Journal (May 2018) *NHS bed occupancy rates reach worst ever level* <https://bit.ly/2A4WcGQ>

¹⁴ C. Ham and R. Murray (2018) *The NHS 10-year plan: how should the extra funding be spent* Blog for The Kings Fund, <https://bit.ly/2OVpMHD>

¹⁵ British Orthopaedic Association (April 2018) *Press Statement* <https://bit.ly/2iPJ5fD>

¹⁶ Touchstone (2017) *Ill health is a class and gender issue* <http://bit.ly/2zJU33E>

¹⁷ Institute for Fiscal Studies (2016) *The Dynamics of Ageing* <http://bit.ly/2ATyY55>

¹⁸ NHS Digital (2016) *Hospital Admitted Patient Care Activity 2015/16* <http://bit.ly/2A4YkzR>

¹⁹ Y. Wang, K. Hunt, I. Nazareth, N. Freemantle, I. Petersen (2013) *Do men consult less than women? An analysis of routinely collected UK general practice data*, BMJ <https://bmjopen.bmj.com/content/3/8/e003320>

²⁰ A. Charlesworth and P. Johnson (2018) *Securing the future: funding health and social care to the 2030s*, Report by Institute for Fiscal Studies and The Health Foundation <https://bit.ly/2QKeCCp>

²¹ Institute for Fiscal Studies (June 2018) *What does the NHS funding announcement mean for health spending in England?* <https://bit.ly/2CEPmKQ>

²² Institute for Fiscal Studies (September 2017) *Under pressure? NHS maternity services in England* <https://bit.ly/2gVivi3>

²³ The Royal College of Midwives (August 2018) *Maternity unit closures highlighted in new data* <https://bit.ly/2RJ4YkE>

²⁴ Local Government Association (2018) *Local government funding Moving the conversation on* <https://bit.ly/2C9VuJW>

Since then the workforce is reported to have fallen by 20%. This is particularly significant for infant and perinatal mental health.²⁵ Health visitors play an important role in promoting breastfeeding which has significant health benefits for mothers and babies.²⁶ The UK has one of the lowest breastfeeding rates in the world. The percentage of infants 0 to 5 months who are fed exclusively with breast milk is just 1% compared with 34% in Portugal.²⁷ Health visiting and midwifery are also important to promote the health of pregnant women, such as helping them to stop smoking or to promote healthy weight in women of childbearing age. In a study comparing health and wellbeing in early childhood in 15 countries, the UK had the fourth highest neonatal mortality rate.²⁸

There has been some concern around rising mortality rates in England and Wales. Life expectancy has consistently increased since it was first measured in the mid-19th century aside from interruptions due to the world wars. This trend appears to have slowed, or even stopped, since 2014. A sharp rise in mortality in 2015 meant that life expectancy at birth actually fell before it recovered in 2016. More older people, particularly older women, are dying than expected given historical trends.²⁹ While life expectancy increase is slowing in many countries, evidence from the ONS comparing trends in 20 countries found that females in the UK saw the greatest slowing, with improvements reducing by 90%.³⁰ Research comparing life expectancy in the UK with that of 10 other European countries found that male life expectancy was broadly similar to that of the comparator countries. Female life expectancy, however, was lower in the UK than in the other ten countries. A girl born in the UK in 2015 could expect to live 2.9 years less than one born in Spain.³¹ More significant than discrepancies across gender is regional inequality, with the gap in healthy life

expectancy (years lived in good health) between the most and least deprived areas of England around 19 years for both males and females in 2014 to 2016.³²

The first seven weeks of 2018 saw a spike in mortality rates.³³ Some observers are attributing the rise in deaths to austerity policies.³⁴ Research into the impact of constraints in public expenditure in health and social care in England found that these were associated with nearly 45,000 higher than expected numbers of deaths between 2012 and 2014. The researchers in 2016 predicted that, based on 2016 funding allocations, an additional 150,000 deaths may arise between 2015 and 2020 and that those aged over 60 years were most susceptible.³⁵ In June 2018, it was announced that the government would commission a review into the spike in deaths.³⁶

Mental health services

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.³⁷ 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 rose from 2.7 per 100,000 in 2012 to 3.2 per 100,000 in 2015.³⁸ 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% between 2011 and 2014. 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.³⁹ One in five

²⁵ Nursing Times (September 2018) *Health visitors 'deserve a space back in the NHS' say leaders* <https://bit.ly/2NQirsQ>

²⁶ Institute of Health Visiting (June 2015) *Health visitors are essential in raising the profile of breastfeeding* <https://bit.ly/2pKKVps>

²⁷ R. Cheung (2018) *International comparisons of health and wellbeing in early childhood* Report for Nuffield Trust <https://bit.ly/2peiHU5>

²⁸ R. Cheung (2018) *International comparisons of health and wellbeing in early childhood* Report for Nuffield Trust <https://bit.ly/2peiHU5>

²⁹ V. Raleigh (2017) *Why have improvements in mortality slowed down?* Blog entry for The Kings Fund <https://bit.ly/2Pul6UP>

³⁰ Office for National Statistics (2017) *Changing trends in mortality: an international comparison: 2000 to 2016* <https://bit.ly/2OLYiRk>

³¹ R. Cheung (2018) *International comparisons of health and wellbeing in early childhood* Report for Nuffield Trust <https://bit.ly/2peiHU5>

³² Public Health England (September 2018) *Health profile for England: 2018*

³³ "Rise in mortality in England and Wales in first seven weeks of 2018" BMJ Editorial. 14 March 2018, <https://bit.ly/2OSVHbn>

³⁴ "Rise in mortality in England and Wales in first seven weeks of 2018" BMJ Editorial 14 March 2018, <https://bit.ly/2OSVHbn>

³⁵ J. Watkins, W. Wulaningshi, D. da Zhou, D. Marshall, G. Sylanteng, P. Dela Rosa, V. Miguel, R. Raine, L. King, M. Maruthappu (2017) "Effects of health and social care spending constraints on mortality in England: a time trend analysis" BMJ Open, <https://bit.ly/2pPXWOC>

³⁶ "Excess deaths: government commissions review" BMJ News 26 June 2018, <https://bit.ly/2yAKYrF>

³⁷ Mental Health Foundation (2017) *Women and Mental Health* <http://bit.ly/2imFx8l>

³⁸ The Telegraph (October 2017) 'Heartbreaking' 68pc rise in self-harm among young teenage girls <http://bit.ly/2jwOXli>

³⁹ 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>

mothers experiences a mental health problem during pregnancy or in the first year after childbirth, and suicide is the leading cause of death for women during this period.⁴⁰

Historically, mental health has been 'chronically underfunded', accounting for 28% of the burden of disease in the UK but only 13% of the total budget allocated to Clinical Commissioning Groups (CCGs).⁴¹ 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. According to the NHS 2014 Five Year Forward View plan, overall mental health funding was to increase by £1.4bn in real terms. However there are concerns that this is not reaching frontline services.⁴² Mental health funding has generally not been ring fenced, which means it could be diverted for purposes other than mental health, such as to pay off large deficits in the acute sector. Many CCGs seem to be either spending the same or a smaller proportion of their budget on mental health.⁴³ Research by the BMA shows that between 2013/14 and 2015/16 around 40% of mental health trusts saw year-on-year reductions to their income.⁴⁴

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.⁴⁵ In 2017, there were 7,000 fewer mental health nurses than in 2010.⁴⁶ Over the same period there was a rise in referrals to community mental health teams in England of 20%. There has been a 13% reduction in mental health nurses between September 2009 and

August 2017. Nationally, approximately 10% of all posts in specialist mental health services in England are vacant and there are 4% fewer mental health nurses employed each year.⁴⁷

Slow funding growth for NHS mental health providers has meant a restructuring of care to reduce costs, resulting in some cases to reduced access to services.⁴⁸ For example, it has been reported that there has been a strong emphasis on reducing bed numbers as these are the most expensive component of the mental health system.⁴⁹ A 72% reduction in the number of overnight mental health beds between 1987/8 and 2016/7 reflects a shift to a focus on community care treatment but this is not reflected in an increase in the capacity of community services.⁵⁰

The impact of inadequate funding for mental health 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 that have a detrimental impact on patients and are associated with an increased risk of suicide. According to a 2016 report by the NAO, just 25% of people needing mental health services have access to them.⁵¹ The reduction in staff numbers and high levels of stress reported among staff is affecting their ability to treat patients with patience and empathy.⁵² A 40% increase in detentions under the Mental Health Act between 2005/6 and 2015/6 is in part attributed to changes in mental health services and reduced bed provision.⁵³

Women as staff

The NHS is the world's fifth largest employer with 1.7m employees, including around 140,000 doctors and 300,000 nurses and midwives.⁵⁴ Staff pay

⁴⁰ British Medical Association (2018) *Lost in transit? Funding for mental health services in England* <https://bit.ly/2EcUAPq>

⁴¹ British Medical Association (2018) *Lost in transit? Funding for mental health services in England* <https://bit.ly/2EcUAPq>

⁴² British Medical Association (2018) *Lost in transit? Funding for mental health services in England* <https://bit.ly/2EcUAPq>

⁴³ British Medical Association (2018) *Lost in transit? Funding for mental health services in England* <https://bit.ly/2EcUAPq>

⁴⁴ British Medical Association (2018) *Lost in transit? Funding for mental health services in England* <https://bit.ly/2EcUAPq>

⁴⁵ The King's Fund (2016) *Trust finances raise concerns about the future of the Mental Health Taskforce recommendations* <http://bit.ly/2AMuLzn>

⁴⁶ Full Fact (July 2017) *Are mental health nurse numbers down?* <http://bit.ly/2ASgMIV>

⁴⁷ H. Gilbert (2018) "Funding and staffing of NHS mental health providers: still waiting for parity" Report for The King's Fund <https://bit.ly/2FHt0Xz>

⁴⁸ H. Gilbert (2018) "Funding and staffing of NHS mental health providers: still waiting for parity" Report for The King's Fund <https://bit.ly/2FHt0Xz>

⁴⁹ The Guardian (July 2018) "Too little money, too few beds. Why mental health is in crisis" <https://bit.ly/2NFA36d>

⁵⁰ The Guardian (July 2018) "Too little money, too few beds. Why mental health is in crisis" <https://bit.ly/2NFA36d>

⁵¹ NHS Providers (2016) *The State of the NHS Provider Sector* <http://bit.ly/2iosQtS>

⁵² The King's Fund (2015) *Mental health under pressure* <http://bit.ly/2z7l69b>

⁵³ Care Quality Commission (January 2018) *Ongoing rise in detentions under Mental Health Act may be symptomatic of a system 'under considerable strain'* <https://bit.ly/2lQkvLM>

⁵⁴ The Nuffield Trust (2018) *The NHS workforce in numbers* <https://bit.ly/2yhKVns>

accounts for between 60% and 70% of hospitals' overall costs.⁵⁵ As such, financial pressures have affected employees. While women make up 47% of the working population, 77% of the NHS workforce is female. In England, 43% of doctors are women.⁵⁶ However, only 5% of female staff are doctors and dentists compared with 22% of male staff.⁵⁷ In 2018, 89% of nurses and midwives identified as female.⁵⁸

From 2010 to 2018, NHS staff were under a 1% public sector pay cap which led to a decline in real wages of around 14% over this period. In March 2018, the then Health Secretary, Jeremy Hunt, proposed a three-year pay deal of between 6.5% and 29% for NHS staff, affecting all NHS staff on what are called 'Agenda for Change' contracts. These cover all staff except doctors, dentists and very senior managers.⁵⁹ The £4.2bn deal is reported to be fully funded rather than requiring cuts to other budgets.^{60,61} After negotiations, the terms and conditions were accepted on 27 June 2018.⁶² The deal is extremely complex⁶³ and, in August 2018, a number of NHS workers complained that they had not received the increases they had been promised, leading to calls from some workers for the pay talks to be reopened.⁶⁴ The RCN told their members they would receive a 3% pay increase in the summer of 2018. At the end of September, the RCN Council was forced to step down after losing a no-confidence motion amid accusations that it had misrepresented expected pay increases.⁶⁵

While the wage increase is welcomed, there is a long way to go to close the gap created by successive pay cuts. The NMC register of nurses and midwives shows a decline in overall numbers by 2,278 in March 2018 compared with a peak in 2016.⁶⁶ In July 2017, it was reported that for the first time on record, more were leaving than joining the profession. There are around 40,000 vacancies according to the Royal College of

Nursing, with around 33,000 of these filled by temporary bank or agency staff. The NHS spent £2.8bn on agency staff in 2016/17, down from £3.6bn in 2015/16 but still £700m more than in 2009/10.⁶⁷ The UK has fewer nurses relative to the population than the OECD average. One of the main reasons that staff are leaving the profession is poor working conditions which include pay, short staffing and training cuts.⁶⁸ In mental health, staff sickness is common among nursing staff with stress and anxiety related issues one of the most frequently stated causes of absence.⁶⁹

Nursing numbers have also been affected by Brexit. The proportion of nurses from the EU rose dramatically between 2009 and 2014. By 2015/16, almost a third of newly registered nurses in the UK had trained in the EEA.⁷⁰ However, since the vote to leave the EU, there has been a dramatic reversal of this trend, with a 96% reduction in the number of nurses from the EU registering to practice in the UK between July 2016 and June 2017.⁷¹

In addition to large numbers leaving the nursing profession, there has been a marked decline in those entering, in part attributed to a government decision to stop providing bursaries for student nurse training from 2017. Data from UCAS indicated a decline of almost 23% in the number of applicants to study nursing in 2017. A further reduction of 13% in 2018 means that applications are down by a third since the government removed the end of free education for student nurses. In 2016, the last year for which applicants had their university fees paid for, there were 43,800 nursing applications. In 2018, this figure stood at 29,390.⁷² Falling staffing levels affects patients. Research from the University of Southampton finds that lower staffing levels are associated with higher patient mortality, with 'care

⁵⁵ The King's Fund (October 2017) *Falling number of nurses in the NHS paints a worrying picture* <http://bit.ly/2jwAbLe>

⁵⁶ The King's Fund (2017) *Overview of the health and social care workforce* <http://bit.ly/2zMW9V8>

⁵⁷ NHS Employers (2017) *Gender in the NHS* <http://bit.ly/2ixHBht>

⁵⁸ Nursing & Midwifery Council (2018) *The NMC Register* <https://bit.ly/2PYpU6H>

⁵⁹ Full Fact (April 2018) *NHS pay: what's the deal?* <https://bit.ly/2CFRO3Z>

⁶⁰ Sky News (21 March 2018) *Unions to recommend 6.5% NHS pay rise* <https://bit.ly/2NCARlO>

⁶¹ NHS Providers (March 2018) *NHS pay deal must be fully funded* <https://bit.ly/2OUWbxz>

⁶² NHS Employers (2018) *2018 contract refresh* <https://bit.ly/2A5vAFH>

⁶³ NHS Employers (July 2018) *Resources to help you understand your pay*, <https://bit.ly/2RI085t>

⁶⁴ The Observer (4 August 2018) *Anger and confusion as 'complex' NHS pay deal disappoints staff* <https://bit.ly/2pNSqfb>

⁶⁵ The Guardian (30 September 2018) *Nurses pass vote of no confidence in union over pay deal handling* <https://bit.ly/2DIDnNA>

⁶⁶ Nursing & Midwifery Council (2018) *The NMC Register* <https://bit.ly/2Cc462Z>

⁶⁷ The Nuffield Trust (2018) *The NHS workforce in numbers* <https://bit.ly/2yhKVns>

⁶⁸ The Guardian (9th March 2018) *NHS staff offered 6.5% pay rise over three years if they forfeit day's holiday*. <https://bit.ly/2Hk51xz>

⁶⁹ H. Gilbert (2018) *Funding and staffing of NHS mental health providers: still waiting for parity* Report for The King's Fund <https://bit.ly/2FHtOXz>

⁷⁰ The Nuffield Trust (2018) *The NHS workforce in numbers* <https://bit.ly/2yhKVns>

⁷¹ The Health Foundation (June 2017) *New data show 96% drop in nurses from EU since July last year* <http://bit.ly/2ivQs3k>

⁷² Nursing Times (5th February 2018) *Applicants to nursing courses fall for second year running since scrapping of student bursary* <https://bit.ly/2A59tzu>

left undone due to lack of time' identified as the 'missing link' in understanding variation in hospital mortality rates.⁷³ It is vital that decisions around how the additional £20bn to 2023/24 is allocated takes into consideration the important role played by staffing levels.

Conclusion

Health services are under severe strain at the moment. The NHS has seen the lowest increases in spending in its history in the last decade, below the level estimated to be necessary for improving services. Women are disproportionately affected as they are the majority of staff, patients and carers.

While the announcement of increased spending on the NHS is welcome, it is not enough to offset the underfunding of previous years. The Government should ensure that funding for the NHS is sufficient to improve services including investing in training and adequate salaries for staff.

Written by

Kate Bayliss, SOAS University of London

UK Women's Budget Group, October 2018.

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

See www.wbg.org.uk

Contact: Mary-Ann Stephenson (WBG Director):

maryann.stephenson@wbg.org.uk



⁷³ 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>