

Spring Budget 2023 Pre-Budget Briefings

# **Health inequalities and gender**

## Health inequalities and gender

A pre-Budget briefing from the UK Women's Budget Group – Spring 2023

### Key points:

- After a decade of austerity measures and the pandemic, the NHS is facing significant pressures that are exacerbating existing health inequalities.
- **The pandemic hit after a decade with the longest spending squeeze in the history of the NHS:** growth in spending was 1.6% during 2010-2019 (annual average), down from 3.7% each year since it began in 1948.
- The Autumn Statement in 2022 provided top up budgets for the NHS in England, which will maintain a 3.1% growth in real terms until 2024/25, as planned in the 2021 Spending Review.
- However, this will not be enough to deal with the backlog in the sector, with an NHS waiting list for consultant-led care that reached a record of 7.2 million people in December 2022.
- The NHS workforce is made up of 1.4 million employees, the majority of whom are female. However, the sector is **hierarchically structured by gender**. Whilst women make up 53% of doctors in training, only 37% of consultants, 27% of surgeons and 6% of health and community service doctors are women.
- NHS hospitals, mental health services and community providers have reported a **shortage of nearly 133,000 staff**, including 47,500 nurses, which represents a five-year high. The pandemic has increased the pressures on existing staff, exacerbating long-standing issues of chronic excessive workloads and burnout.
- **Brexit** has had a range of negative impacts, including increasing staff shortages, supply issues around medicines and reducing access to health and medical research funding.

The healthcare sector has suffered unprecedented pressure after a decade of austerity that saw real-terms funding growth at a record low and then the Covid pandemic. This has had implications for patients, their carers, and the workforce, including significant gendered impacts.

Women comprise three-quarters of the healthcare workforce,<sup>1</sup> which means women have been at the frontline of the health crisis, facing the associated excessive workload, stress and burnout brought to healthcare staff.

Moreover, gender is an important driver of health inequality. Often it intersects with other inequalities based on class, ethnicity, disability, gender identity and/or sexual orientation and other characteristics to present a widely uneven landscape of access, treatment and health outcomes. However, despite these inequalities,

data on women's use of health and social care services is lacking.

This briefing looks at long-standing issues in the health service, in terms of structuring, funding and inequalities in health outcomes.

### Health funding

Following the longest funding squeeze in its history over the past decade, the NHS saw spending growth slow from 3.7% each year since 1948 to 1.6% between 2010/11 and 2018/19 (yearly average).<sup>2</sup> Under austerity measures, NHS providers moved from an aggregate £2bn surplus in 2010 to a £2.5bn deficit in 2015/16.

### Covid and NHS funding

The already strained financial position of the NHS compounded the challenges presented by the Covid

<sup>1</sup> The King's Fund (2017) Overview of the health and social care workforce (<http://bit.ly/2zMw9V8>)

<sup>2</sup> The King's Fund (2019) NHS funding: our position (<https://bit.ly/2EHgf3B>)

pandemic. The government sought to respond to this through a number of funding announcements.

The Spring 2021 Budget, however, saw a reduction in the NHS England budget from £148bn in 2020/21 to £139bn in 2021/22, due to £15bn less being spent on the pandemic.<sup>3</sup> The OBR further notes that there is no 'explicit provision for virus-related costs' beyond 2021/22, even though significant costs were expected due to ongoing annual vaccinations and the continued pandemic.<sup>4</sup>

In September 2021 the government made two health spending announcements and a third on adult social care. The first pledged an additional £5.4bn for October 2021 to March 2022 to cover immediate costs within the NHS, including tackling the backlog in planned care and Covid-related infection control.<sup>5</sup> The second announced a 'Health and Care Levy', which would provide an additional three-year funding boost of £36bn; £5.4bn for adult social care and £24.9bn for health services. This announcement concerned some as it conflated long-term investment in social care with rescuing the NHS from short-term pressures. It was also insufficient to improve workforce conditions, health/careworker pay and the quality of care.<sup>6</sup>

The Autumn Budget and Spending Review in 2021 announced an increase of NHS core funding to £162.6 billion, a real-terms growth of 3.8%. Increased funding came in with the NHS Long Term Plan which committed a 3.4% annual increase for NHS England (in average real terms) between 2019/20 and 2023/24, totalling £20.5 billion.<sup>7</sup> This increased funding was very welcome, but is still below the 4% that the Kings Fund estimated is needed to improve services.<sup>8</sup>

In the most recent financial statement – the 2022 Autumn Statement – the Chancellor announced additional funding for the NHS and social care for 2023/24 and 2024/25. This top-up of budget for the

NHS in England will maintain a 3.1% growth in real terms until 2024/25, as planned in the 2021 Spending Review.<sup>9</sup> However, it will not be enough to deal with the backlog in the sector,<sup>10</sup> with an NHS waiting list for consultant-led care that reached a record of 7.2 million people by December 2022.<sup>11</sup>

### **NHS Long Term Plan**

The NHS Long Term Plan was announced in 2018 and seeks to strengthen the NHS contribution to prevention, population health and health inequalities as part of an overarching plan including social care and public health. It has several clinical priorities; cancer, cardiovascular disease, maternity and neonatal health, mental health, stroke, diabetes, respiratory care and children and young people's health.<sup>12</sup>

Improving primary and community services are also central to the plan, with a pledge to create multidisciplinary 'fully integrated community-based healthcare' teams.

### **NHS services**

Prior to the Covid pandemic, NHS services were already under severe strain, which had a significant impact on service delivery as the crisis hit. Many of the standards for patient care set out in the NHS Constitution were missed and this continued to be the case as funding has failed to keep pace with rising pressures.

Between April 2020 and December 2021, there were 4.29 million fewer elective procedures and 29.4 million fewer outpatient attendances.<sup>13</sup> By December 2021, more than 6 million people were waiting for NHS treatment led by a consultant, and this backlog reached 7.2 million (as noted above) in the latest data to December 2023.<sup>14</sup> Other services have also been failing to meet operational standards. In December 2022, a record 54,000

<sup>3</sup> HM Treasury (2021) Budget 2021 (<https://bit.ly/30cS8kq>), p. 32

<sup>4</sup> Office for Budget Responsibility (2021) Economic and fiscal outlook – March 2021 (<https://bit.ly/3uV8Brg>)

<sup>5</sup> The King's Fund (Oct 2021) The Health and Care Levy: what was announced and what does it mean for health spending? (<https://bit.ly/2YRfkHL>)

<sup>6</sup> WBG (Sep 2021) Government's announced plan will not 'fix social care once and for all' - we need a free universal social care system (<https://bit.ly/3v8HtWx>)

<sup>7</sup> The King's Fund (2019) The NHS long-term plan explained (<https://bit.ly/3iEecMf>)

<sup>8</sup> The Kings Fund (6 Jun 2018) An open letter: a long-term funding settlement for the NHS (<https://bit.ly/2ucu80v>)

<sup>9</sup> Office for Budget Responsibility (2022) Economic and fiscal outlook (<https://bit.ly/3io0efD>)

<sup>10</sup> Health Foundation (2022) The Health Foundation responds to the Autumn Statement 2022 (<https://bit.ly/3ZkP02t>)

<sup>11</sup> BMA (2023) NHS backlog data analysis (<https://bit.ly/3ZeXAaz>)

<sup>12</sup> The King's Fund (2019) The NHS long-term plan explained (<https://bit.ly/3iEecMf>)

<sup>13</sup> BMA (2021) NHS backlog data analysis (<https://bit.ly/3gjh3nU>)

<sup>14</sup> Ibid.

people waited more than 12 hours from decision to admission in NHS emergency departments (compared to just 2,356 people in December 2019)<sup>15</sup>. For cancer care, only 62% of patients were receiving their first treatment within 2 months of an urgent GP referral, when the operational standard is 85% of patients.<sup>16</sup>

Long waiting times have not been experienced equally and those living in deprived areas are nearly twice as likely to wait over a year for treatment compared to those in the least deprived areas.<sup>17</sup> Those in the most deprived areas have also been most affected by disruptions to community services, with 46% not being able to access them (compared with 37% in least deprived areas).<sup>18</sup>

During the Covid pandemic, Public Health England (PHE) was disbanded by government, due to perceived failings in accuracy of advice, and consistent problems with the early test and trace system. This will have particular impacts on women who are more likely to rely on public health services for health visitors and sexual health support.<sup>19</sup> Unions are also concerned this could lead to increasing NHS privatisation.<sup>20</sup>

## Healthcare staff

The NHS is the world's fifth largest employer, with 1.4 million employees, including around 132,000 doctors and 349,000 nurses, health visitors and midwives.<sup>21</sup> Women make up 77% of non-medical healthcare staff,<sup>22</sup> 85% of NHS General Practice workers,<sup>23</sup> 89% of nurses and health visitors,<sup>24</sup> and 77% of NHS Hospital and Community Service workers.<sup>25</sup> But the sector is hierarchically structured by gender. Whilst women make up 53% of doctors in training, only 37% of consultants, 27% of

surgeons and 6% of health and community service doctors are women.<sup>26</sup>

In 2022, 16.5% of NHS staff were non-British nationals.<sup>27</sup> The points-based immigration system, which entered into force in January 2021, means that many 'low-skilled' workers who perform essential yet undervalued contributions to the health and social care systems are now not eligible for a UK work visa. 71% of EU migrants who were 'key workers' in 2020 would not be eligible for a UK work visa under the new immigration system.<sup>28</sup>

In 2022, NHS hospitals, mental health services and community providers have reported a shortage of nearly 133,000 staff, including 47,500 nurses, which represents a five-year high.<sup>29</sup> It has been estimated that the NHS needs an additional 5,000 internationally recruited nurses every year to prevent worsening staff shortages.<sup>30</sup> With so many migrant key workers in health (and social care) likely to be ineligible for work visas going forward, the NHS and social care sectors face a deepening crisis in staff shortages. There is also, at the same time, recruitment from 'red list' countries, which themselves face critical workforce and skills shortages in the health sector.<sup>31</sup>

## Women's health

Women's health needs and service usage differ greatly from those of men and occur at different stages of life. However, women also face greater challenges as a result of a medical sector which overwhelmingly views the male body as the default in research, trials, medical training and public health campaigns.<sup>32</sup>

<sup>15</sup> Ibid.

<sup>16</sup> Ibid.

<sup>17</sup> The King's Fund (Sep 2021) Tackling the elective backlog: exploring the relationship between deprivation and waiting times (<https://bit.ly/3v9Nbaw>)

<sup>18</sup> IFS (Nov 2020) COVID-19 and disruptions to the health and social care of older people in England (<https://bit.ly/2IIB8Ns>)

<sup>19</sup> WBG (2020) Health and gender (<https://bit.ly/2I0Nnoy>)

<sup>20</sup> Unite the Union (Aug 2020) Public Health England is being used as a scapegoat for government's Covid-19 failings, says Unite (<https://bit.ly/3bnT8Xm>)

<sup>21</sup> NHS Digital (2023) NHS Workforce Statistics – October 2022 (<https://bit.ly/3Sr7vzG>)

<sup>22</sup> The King's Fund (2017) Overview of the health and social care workforce (<http://bit.ly/2zMw9V8>)

<sup>23</sup> Calculated (not including staff where gender was unspecified) from NHS Digital, General Practice Workforce data interactive dashboard data (<https://bit.ly/34VT4Ny>)

<sup>24</sup> NHS England (2021) NHS celebrates the vital role hundreds of thousands of women have played in the pandemic (<https://bit.ly/3SrF9p7>)

<sup>25</sup> NHS Digital (2019) Gender in the NHS (<https://bit.ly/31TPi4>) Note that these data do not include agency staff.

<sup>26</sup> Ibid.

<sup>27</sup> House of Commons Library (2022) NHS staff from overseas: statistics (<https://bit.ly/3Zfdt99>)

<sup>28</sup> IPPR (19 Feb 2020) Immigration plans analysis: two thirds of current EU migrants in health and social care sector would have been found ineligible (<https://bit.ly/3jvBpiW>)

<sup>29</sup> The Health Foundation (2022) NHS vacancy rates point to deepening workforce crisis (<https://bit.ly/3kgvcOU>)

<sup>30</sup> The King's Fund (Feb 2021) NHS workforce: our position (<https://bit.ly/3BldYgP>)

<sup>31</sup> The Health Foundation (2022) Ibid.

<sup>32</sup> C. Criado Perez (2019) *Invisible Women*, London: Vintage

Women are more likely to use GP services than men. The GP consultation rate for women is 32% higher than that for men, in part due to reproductive-related consultations.<sup>33</sup> GP numbers and the number of GP practices have fallen consistently since 2015. Data from October 2022 has shown that there are just 0.44 fully qualified GPs per 1000 patients; down from 0.52 in 2015, representing a 17% increase per patient per GP.<sup>34</sup>

Although they have a longer life expectancy, women are more likely than men to experience ill-health and require health services.<sup>35</sup> In 2021/22, women made up 54.7% of admissions to hospitals.<sup>36</sup>

### Maternal health

Admission to hospital to give birth is the single largest cause of admission to NHS hospitals in England.<sup>37</sup> Evidence indicates that nearly half of England's maternity units closed to new mothers at some point in 2017. Capacity and staffing issues were the most common reason.<sup>38</sup> Figures from July 2021 by the Care Quality Commission found 41% of maternity services rated as either 'inadequate' or 'requires improvement'.<sup>39</sup>

A 2019 Care Quality Commission in England found that during and after pregnancy only 9% of women had the same midwife through their maternal journey, and only 52% reported their midwives were aware of their medical history.<sup>40</sup> In postnatal care only 67% were asked specifically about their mental health, and 20% did not know who to ask for support or information about mental health.<sup>41</sup>

As in other areas, women from Black and minority ethnic backgrounds and their babies fare worse compared to White women.<sup>42</sup> Black women are four times more likely to die in pregnancy and childbirth than White women and Asian women are twice as likely to die in childbirth or pregnancy.

Similarly, Black and Asian babies have higher mortality rates.

In an effort to raise standards in maternity health, the NHS in England announced a £127 million investment for maternity services across England in 2022.<sup>43</sup> Around £50 million of this has been allocated to boosting workforce numbers, with a target of 1,200 additional midwives and 100 obstetricians.

### Sexual and reproductive health and rights

Sexual and reproductive health and rights (SRHR) are important for everyone, but women bear the brunt of reproductive ill health due to biology but also social, economic and political disadvantage.<sup>44</sup> This is also the case for the LGBT community, who face discrimination when accessing SRHR.<sup>45</sup> There was a 16% reduction in SRHR spending between 2015/16-2020/21, despite a 36% increase in attendance at SRHRs.<sup>46</sup> This widens health inequalities and puts more pressure on the NHS, with a recent LGA report noting that particularly young people, Black women as well as women and girls from Asian and ethnic minority groups particularly impacted.

Women's health has seen particular fragmentation, with services like cervical screening covered by the NHS rather than SRHR, meaning women are subject to multiple invasive procedures. Similarly, access to long-acting reversible contraception (LARC) has diminished as local authority funding means GPs are less incentivised to provide them. This has led to a 13% drop in their use despite being an effective type of contraception, particularly for young and vulnerable women.<sup>47</sup>

### Mental health

In England, women are more likely than men to have a 'common' mental health problem (mixed anxiety and depression), with 21% displaying such

<sup>33</sup> 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 (<https://bit.ly/3natls9>)

<sup>34</sup> BMA (Feb 2023) Safe working in general practice (<https://bit.ly/3KPRa6f>)

<sup>35</sup> Touchstone (2017) Ill health is a class and gender issue

<http://bit.ly/2zJU33E>

<sup>36</sup> NHS Digital (2022) Hospital Admitted Patient Care Activity 2021-22 (<https://bit.ly/3ZiMytk>)

<sup>37</sup> Institute for Fiscal Studies (Sep 2017) Under pressure? NHS maternity services in England (<https://bit.ly/2gVivl3>)

<sup>38</sup> The Royal College of Midwives (Aug 2018) Maternity unit closures highlighted in new data (<https://bit.ly/2RJ4YkE>)

<sup>39</sup> CQC (2022) Safety, equity and engagement in maternity services (<https://bit.ly/3m3wwVv>)

<sup>40</sup> Care Quality Commission (2019) 2019 survey of women's experiences of maternity care (<https://bit.ly/34YNVEi>)

<sup>41</sup> Ibid.

<sup>42</sup> CQC (2022) Safety, equity and engagement in maternity services (<https://bit.ly/3m3wwVv>)

<sup>43</sup> NHS England (2022) NHS announces £127 million maternity boost for patients and families (<https://bit.ly/3YVB13j>)

<sup>44</sup> BMA (2018) Reproductive health and wellbeing: addressing unmet needs (<https://bit.ly/2QPGQh2>)

<sup>45</sup> LGA (2022) Breaking point: Securing the future of sexual health services (<https://bit.ly/3ILArOP>)

<sup>46</sup> House of Commons Health and Social Care Committee (2019) Sexual health (<https://bit.ly/3INS7Ni>)

<sup>47</sup> Ibid.

symptoms compared with 13% of men.<sup>48</sup> Women are almost twice as likely as men to be diagnosed with an anxiety disorder.<sup>49</sup> Mothers are more likely than fathers to have mental health problems - 10% compared with 6%.<sup>50</sup>

For both women and men, lower socioeconomic groups have a higher incidence of poor mental health. Research in England, Scotland and Wales has shown a correlation between mental health disorders and level of personal debt. At every level of income distribution, women have a higher percentage of mental health disorders than men.<sup>51</sup>

The Mental Health Foundation recognises that data collected on mental health in BAME communities is often subject to small sample sizes and is therefore limited. More data disaggregated by ethnicity and sex is needed. The data that is available points to those from a Black and Black British background having higher rates of common mental disorders than those from a White or Asian background.<sup>52</sup>

Asylum seekers and refugees are more likely to experience poor mental health and more than 61% will experience serious mental distress.<sup>53</sup> This group are also less likely to receive support than the general population.<sup>54</sup>

Over half of LGBT, 67% of transgender people and 70% of non-binary people have reported experiencing depression in the last year (reported 2018). BAME LGBT people (62%) and LGBT people in lower income households (64%, compared with 48% for higher income households) were more likely to experience depression.<sup>55</sup>

The Covid pandemic has exacerbated mental health inequalities, with women and young people experiencing the most severe worsening.<sup>56</sup> Women were in general more likely to be anxious than their male counterparts, but this was highest for disabled women, at 53.1%.<sup>57</sup> LGBT communities have also

been particularly affected as LGBT people are more likely to experience poor mental health in general. A 2020 survey found that 42% of LGBT respondents would like access to mental health support, rising to 66% for BAME LGBT people, 60% for non-binary people, 57% for trans people and 48% for disabled LGBT people.<sup>58</sup>

The pandemic has also taken a significant toll on NHS workers. A July 2021 BMA survey found that 51% of respondents were suffering from depression, anxiety, stress, burnout, emotional distress or another mental health condition.<sup>59</sup> Just under half (47%) plan to work fewer hours after the pandemic, and 16% plan to leave the NHS altogether.<sup>60</sup> This risks exacerbating the staff shortages and scupper the plans to tackle the patient backlog in the next few years.

### Intersecting inequalities in healthcare

Inequalities in healthcare relate to unequal access, health outcomes, treatment of those working in health and social care and disparities in interpretation of pain/illness.

#### Class

There is a significant gap in healthy life expectancy (years lived in good health) between the richest and poorest parts of England. Healthy life expectancy for women in the most deprived areas is 78.3 years, compared with 86.3 in the least deprived areas, a difference of 8 years (73.5 for men in the most deprived areas, 83.2 for men in the least deprived).<sup>61</sup> Women's health in older age is also significantly impacted by exposure to deprivation. Women living in the poorest 10% of areas in England can expect 26.4 years of poor health at the end of their lives, compared to men in the richest 10% who can expect 12.7 years of poor health at the end of their lives.<sup>62</sup>

<sup>48</sup> House of Commons Library (2021) Mental health statistics (England) (<https://bit.ly/3YUz1YR>)

<sup>49</sup> Mental Health Foundation (2016) Mental health statistics: men and women (<https://bit.ly/31UkiID>)

<sup>50</sup> Ibid.

<sup>51</sup> BMA (2018) Health inequalities and women: addressing unmet needs (<https://bit.ly/3lKePG6>)

<sup>52</sup> House of Commons Library (2021) Mental health statistics (England) (<https://bit.ly/3YUz1YR>)

<sup>53</sup> Mental Health Foundation (2016) Mental health statistics: refugees and asylum seekers (<https://bit.ly/2F21gke>)

<sup>54</sup> Ibid.

<sup>55</sup> Stonewall (2018) LGBT in Britain health report (<https://bit.ly/31RvjUP>)

<sup>56</sup> IFS (Jun 2020) The mental health effects of the first two months of lockdown and social distancing during the Covid-19 pandemic in the UK (<https://bit.ly/3cWrvzJ>)

<sup>57</sup> WBG (Jun 2020) Disabled women and Covid-19 (<https://bit.ly/2YVACKu>)

<sup>58</sup> LGBT Foundation (May 2020) Hidden Figures: The impact of the Covid-19 pandemic on LGBT communities in the UK (<https://bit.ly/3blP6il>)

<sup>59</sup> BMA (Oct 2021) Pressures in general practice (<https://bit.ly/3ACxODH>)

<sup>60</sup> Ibid.

<sup>61</sup> ONS (Apr 2022) Health state life expectancies by national deprivation deciles, England and Wales: 2018 to 2020 (<https://bit.ly/3YUTehq>)

<sup>62</sup> Ibid.

Regarding maternal health, a recent MBRRACE-UK report found that babies born to women living in the most deprived areas are twice as likely to be stillborn and have a 73% increased risk of neonatal death compared with babies born to women living in the least deprived areas.<sup>63</sup>

### **Black, Asian and minority ethnic women**

BAME communities generally experience poorer health than the overall population, and health inequalities exist between different minority ethnic groups as noted in several places in this paper, including maternity health and mental health.

Moreover, BAME staff working in health and social care are also consistently more likely to be subject to bullying, abuse and discrimination than white staff members.<sup>64</sup>

### **Disabled women**

Disabled people are more likely to experience health inequalities, major health conditions and to die younger than non-disabled people.<sup>65</sup> In 2014, 28.8% of disabled adults in England reported having bad or very bad health (0.9% for non-disabled populations).<sup>66</sup> Life expectancy for a woman with a learning disability is 18 years less than for a non-disabled woman.<sup>67</sup>

There are significant barriers to healthcare for this population including inadequate or unaffordable transport links, lack of staff training, under-diagnosis and misdiagnosis.<sup>68</sup> Disabled women have also reported not having their needs met by maternity services, with a 2016 study finding that only '19% of disabled women said reasonable adjustments had been made for them'.<sup>69</sup>

### **Migrant women**

Although migrants make up only 13.3% of the UK population,<sup>70</sup> a quarter of women who died during maternity in 2012-14 were born outside of the UK;

46% of these were not UK citizens.<sup>71</sup> Under the current immigration system, undocumented migrant women have to pay for essential antenatal maternity care, saddling women with thousands of pounds of debt.<sup>72</sup>

Whilst there are no significant differences between health for migrant men over the age of 60 compared with men born in the UK, older migrant women are 71% more likely than UK-born women to report health problems that limit everyday activity.<sup>73</sup>

### **The LGBT community**

The LGBT community faces significant discrimination within healthcare settings: one in eight have experienced unequal treatment by healthcare staff because of their gender identity and/or sexual orientation. This rises to 32% for transgender people, 20% for both non-binary and disabled LGBT people, and 19% of BAME LGBT people.<sup>74</sup> 14% have avoided treatment for fear of discrimination and 5% have been pressured to change their sexual orientation when accessing health services.<sup>75</sup>

### **Brexit and healthcare in the UK**

There is increasing evidence of the additional pressures on the NHS as a result of Brexit.<sup>76</sup>

Most immediately, there has been a decrease in the number of doctors and nurses being recruited from the EU. This has not been sufficiently compensated for by increased recruitment from elsewhere in the world, thus contributing to the deepening staff shortages in the NHS. One trend that has been observed since Brexit is increased recruitment from 'red list' countries, which are low and middle-income countries that have structural workforce challenges. Nurse registrations from these countries

<sup>63</sup> MBRRACE-UK (Oct 2021) Perinatal mortality surveillance report (<https://bit.ly/2X9ZV4o>)

<sup>64</sup> The King's Fund (Jul 2020) Workforce race inequalities and inclusion in NHS providers (<https://bit.ly/3bl9RuF>)

<sup>65</sup> Equality and Human Rights Commission (2017) Being disabled in Britain (<https://bit.ly/32Z7UQW>)

<sup>66</sup> Ibid.

<sup>67</sup> Mencap (2019) Health inequalities (<https://bit.ly/3iFOBEz>)

<sup>68</sup> Ibid.

<sup>69</sup> Hall J, Collins B, Ireland J, and Hundley V. (2016) Interim report: The Human Rights & Dignity Experience of Disabled Women during Pregnancy, Childbirth and Early Parenting (<https://bit.ly/3SwYTb6>)

<sup>70</sup> BMA (2018) Health inequalities and women: addressing unmet needs (<https://bit.ly/3lKePG6>)

<sup>71</sup> Ibid.

<sup>72</sup> Maternity Action (2019) What price safe motherhood? Charging for NHS maternity care in England and its impact on migrant women (<http://bit.ly/2QyIQd4>); BMJ (2022) Migrant women are charged up to £14,000 for maternity care in England, report finds (<https://bit.ly/3koRxd2>)

<sup>73</sup> BMA (2018) Health inequalities and women: addressing unmet needs (<https://bit.ly/3lKePG6>)

<sup>74</sup> Stonewall (2018) LGBT in Britain health report (<https://bit.ly/31RviUP>)

<sup>75</sup> Ibid.

<sup>76</sup> Nuffield Trust (2022) Health and Brexit: six years on (<https://bit.ly/3krwDdh>)

rose from 600 per month prior to the pandemic to nearly 1,000 per month in mid-2021.<sup>77</sup>

There has also been increases in shortages of some medicines as well as increases in the price paid by the government for medicines, including commonly-prescribed drugs such as Prozac.<sup>78</sup>

Brexit has also negatively impacted scientific research, training and development in the UK, which received €8.8bn through collaborative EU schemes such as Horizon 2020.<sup>79</sup> Decreased funding opportunities combined with the new immigration system could see a decrease in recruitment and retention of scientific academics; 2017, after the Brexit referendum, saw an 11% increase in EU academics leaving Russell Group universities.<sup>80</sup>

## Conclusion

The healthcare sector faces increasing challenges. These include the ongoing pressure as a result of underfunding and Covid, including the backlog of unmet care, as well as staff shortages and price increases in medicines and medical supplies due to Brexit.

These pressures are impacting on all patients and also exacerbating existing health inequalities. For a gender-equal health service, the needs of a diverse range of groups must also be prioritised, including those of older, BAME, migrant, disabled, and LGBT people and those living in deprived areas.

Gender equality in the healthcare workforce requires a re-valuation of feminised roles such as nursing and care work, and greater opportunities for training and career progression. Workforce shortages should be tackled, to alleviate the chronic excessive workload and burnout of the existing staff. There must also be recognition of the increased discrimination faced by BAME and disabled staff.

**UK Women's Budget Group, March 2023**

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<sup>77</sup> Ibid.

<sup>78</sup> Ibid.

<sup>79</sup> BMJ (2022) Broke Horizon: Uk medical research struggling with funding and collaborations gap after Brexit (<https://bit.ly/3IRtjlb>)

<sup>80</sup> The King's Fund (2019) Brexit: the implications for health and social care (<https://bit.ly/3hVhEsh>)