

Health inequalities and gender

Briefing for a new government



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A briefing from the UK Women's Budget Group – 2024

Summary

Funding

- The 2010s saw 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 NHS has not been able to make up for the impact of the pandemic on treatments. There were 7.54 million people on an NHS waiting list for consultant-led care in March 2024.

Workforce

- The NHS workforce is made up of 1.44 million employees. Women comprise three-quarters of the healthcare workforce, and 31% of staff are Black, Asian or ethnic minority. 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 121,000 staff, including 34,700 nurses. The pandemic increased the pressures on existing staff, exacerbating long-standing issues of chronic excessive workloads and burnout.
- It has been estimated that the NHS needs an additional 5,000 internationally recruited nurses every year to prevent worsening staff shortages.

Women's health

- Despite living longer than men, women spend a greater proportion of their life in ill health or disability. This has a significant impact on the economy, with over 1.5 million women being economically inactive due to long-term sickness.
- Admission to hospital to give birth is the single largest cause of admission to NHS hospitals in England. The Care Quality Commission found almost half of maternity services rated as either 'inadequate' or 'requires improvement' in 2023.
- Waiting times for gynecology have gone up by 109% since 2020, while investment in Sexual and Reproductive Health Services has decreased by 40% in the last decade.
- Women are more likely than men to have a 'common' mental health problem (mixed anxiety and

depression). Research in England, Scotland and Wales has shown a correlation between mental health disorders and level of personal debt.

- Gender inequalities intersect with inequalities along lines of class, race, disability, sexual orientation and gender identity, often resulting in worse access, outcomes and treatment for those experiencing multiple forms of inequalities.

Recommendations

- Funding for the NHS should be restored to the long-run average once the backlog of treatments has been cleared. An initial injection of funding is needed to clear it.
- Public Health spending should be reinstated, and a new Women's Health Strategy should ensure that the fragmentation of services is reversed.
- For a gender-equal health service, the needs of a diverse range of groups must also be prioritised, including those of older, Black, Asian and ethnic minority, migrant, disabled, and LGBT people and those living in deprived areas.
- Any initiatives to improve productivity within health and social care should ensure that care is not transferred from formal services onto informal carers and families.
- The ban on overseas care workers bringing dependents with them should be reversed.
- Increase pay and improve conditions for NHS staff. Ensure that any workforce strategies go hand in hand with improvements to funded childcare and wrap around care.

Introduction

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, and 31% of staff are from an ethnic minority background¹ which means both groups 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

The 2010s saw the longest funding squeeze in NHS history. Spending growth slowed from 3.7% each year since 1948 to 1.6% between 2010/11 and 2018/19 (yearly average)². Under austerity measures, NHS providers moved from an aggregate £2bn surplus in 2010 to a £2.5bn deficit in 2015/16.

Over the course of this parliament, UK health spending has grown by 2.4% annually in real terms³. This is below the 4% that the Kings Fund

estimated is needed to improve services⁴.

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 attendances⁵. By December 2021, more than 6 million people were waiting for NHS treatment led by a consultant, and this backlog reached 7.54 million in the latest data to March 2024⁶. Other services have also been failing to meet operational standards. In April 2024, 42,000 people waited more than 12 hours from decision to admission in NHS emergency departments (a number 95 times higher than in April 2019)⁷. For cancer care, only 68.7% of patients were receiving their first treatment within 2 months of an urgent GP referral, when the operational standard is 85% of patients⁸.

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 areas⁹. 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)¹⁰.

¹ The King's Fund (2024) NHS Workforce in a Nutshell (NHS Workforce Nutshell | The King's Fund ([kingsfund.org.uk](https://www.kingsfund.org.uk)))

² The King's Fund (2019) NHS funding: our position (Insight And Analysis | Our Work | The King's Fund ([kingsfund.org.uk](https://www.kingsfund.org.uk)))

³ IFS (2024) The Past and Future of Health Spending (The past and future of UK health spending | Institute for Fiscal Studies ([ifs.org.uk](https://www.ifs.org.uk)))

⁴ The Kings Fund (6 Jun 2018) An open letter: a long-term funding settlement for the NHS (<https://bit.ly/2ucu80v>)

⁵ BMA (2021) NHS backlog data analysis (NHS backlog data analysis ([bma.org.uk](https://www.bma.org.uk)))

⁶ BMA (2024) NHS backlog data analysis (NHS backlog data analysis ([bma.org.uk](https://www.bma.org.uk)))

⁷ Ibid.

⁸ Ibid.

⁹ The King's Fund (Sep 2021) Tackling the elective backlog: exploring the relationship between deprivation and waiting times (<https://bit.ly/3v9Nbaw>)

¹⁰ IFS (Nov 2020) COVID-19 and disruptions to the health and social care of older people in England (<https://bit.ly/21IB8Ns>)

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 support¹¹. Unions are also concerned this could lead to increasing NHS privatisation¹².

Healthcare staff

The NHS is the world's fifth largest employer, with 1.5 million employees, including around 140,000 doctors and 352,000 nurses, health visitors and midwives¹³. Women make up 77% of non-medical healthcare staff⁴, 85% of NHS General Practice workers¹⁵, 89% of nurses and health visitors¹⁶ and 77% of NHS Hospital and Community Service workers¹⁷. But the sector is hierarchically structured by gender. Whilst women make up 53% of doctors in training, only 40% of consultants, 27% of surgeons and 6% of health and community service doctors are women¹⁸. While women account for 90% of the nursing workforce, they represent less than a third of senior NHS positions¹⁹.

In 2024, 19% of NHS staff were non-British nationals²⁰. 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 system²¹.

In 2022, NHS hospitals, mental health services and community providers reported a shortage of nearly 121,000 staff, including 34,700 nurses, which represents a five-year high²². It has been estimated that the NHS needs an additional 5,000 internationally recruited nurses every year to prevent worsening staff shortages²³. 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 sector²⁴.

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 campaigns²⁵.

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 consultations²⁶. Data suggests that despite living longer than men,

¹¹ WBG (2020) Health and gender (<https://bit.ly/2IONnoy>)

¹² Unite the Union (2020) Public Health England is being used as a scapegoat for government's Covid-19 failings, says Unite (<https://bit.ly/3bnT8Xm>)

¹³ NHS Digital (2024) NHS Workforce Statistics – January 2024 (<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/january-2024#resources>)

¹⁴ The King's Fund (2017) Overview of the health and social care workforce (<http://bit.ly/2zMw9V8>)

¹⁵ Calculated (not including staff where gender was unspecified) from NHS Digital, General Practice Workforce data interactive dashboard data (<https://bit.ly/34VT4Ny>)

¹⁶ NHS England (2021) NHS celebrates the vital role hundreds of thousands of women have played in the pandemic (<https://bit.ly/3SrF9p7>)

¹⁷ NHS Digital (2019) Gender in the NHS (<https://bit.ly/31TPi74>) Note that these data do not include agency staff.

¹⁸ Ibid.

¹⁹ Royal College of Nursing (2024) Gender and Nursing as a Profession (<https://www.rcn.org.uk/professional-development/publications/pub-007954>)

²⁰ House of Commons Library (2023) NHS staff from overseas: statistics (<https://commonslibrary.parliament.uk/research-briefings/cbp-7783/>)

²¹ 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/3jyBpiW>)

²² Digital NHS (2024) NHS Vacancy Statistics (<https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey>)

²³ The King's Fund (Feb 2021) NHS workforce: our position (<https://bit.ly/3BldYgP>)

²⁴ The Health Foundation (2023) (<https://www.health.org.uk/news-and-comment/charts-and-infographics/how-reliant-is-the-nhs-in-england-on-international-nurse-recruitment>)

²⁵ C. Criado Perez (2019) Invisible Women, London: Vintage

²⁶ 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>)

women spend a greater proportion of their life in ill health or disability²⁷. This has a significant impact on the economy, with over 1.5 million women being economically inactive due to long-term sickness²⁸. GP numbers and the number of GP practices have fallen consistently since 2015. Data from 2024 has shown that there are just 0.44 fully qualified GPs per 1000 patients; down from 0.52 in 2015, representing an 18% increase per patient per GP²⁹.

Although they have a longer life expectancy, women are more likely than men to experience ill-health and require health services³⁰. In 2022/23, women made up 54% of admissions to hospitals³¹.

Maternal health

Admission to hospital to give birth is the single largest cause of admission to NHS hospitals in England.³² 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 reason³³. Figures published in October 2023 by the Care Quality Commission found almost half of maternity services rated as either 'inadequate' or 'requires improvement'³⁴.

The 2023 Care Quality Commission in England found that during and after pregnancy only 24% of women had the same midwife through their maternal journey, and only 54% reported their midwives were aware of their medical history³⁵. In postnatal care only 75% were asked specifically

about their mental health, and 17% did not know who to ask for support or information about mental health³⁶.

As in other areas, women from Black and minority ethnic backgrounds and their babies fare worse compared to White women³⁷. 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 than White babies.

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 for biology reasons but also due to social, economic and political disadvantage³⁸. This is also the case for the LGBT community, who face discrimination when accessing SRHR. There was a 40% reduction in SRHR spending between 2015/16-2024/25³⁹, despite a 36% increase in attendance at SRHRs⁴⁰. This widens health inequalities and puts more pressure on the NHS, with a recent LGA report noting that young people, Black women as well as women and girls from Asian and ethnic minority groups are 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.

²⁷ DHSC (2024) Women's Health Hub: cost benefit analysis (Women's health hubs: cost benefit analysis - GOV.UK (www.gov.uk))

²⁸ WBG (2024) Women and the Labour Market (https://www.wbg.org.uk/publication/women-and-the-labour-market/?amp;_rt_nonce=f4331244e1)

²⁹ BMA (2024) Pressures in general practice data analysis (Pressures in general practice data analysis (bma.org.uk))

³⁰ Touchstone (2017) Ill health is a class and gender issue <http://bit.ly/2zJU33E>

³¹ NHS Digital (2023) Hospital Admitted Patient Care Activity 2022-23 (<https://bit.ly/3ZiMytk>)

³² Institute for Fiscal Studies (Sep 2017) Under pressure? NHS maternity services in England (<https://bit.ly/2gVivl3>)

³³ The Royal College of Midwives (Aug 2018) Maternity unit closures highlighted in new data (<https://bit.ly/2RJ4YkE>)

³⁴ CQC (2023) State of Care (State of Care - Care Quality Commission (cqc.org.uk))

³⁵ Ibid.

³⁶ Ibid.

³⁷ Ibid.

³⁸ BMA (2018) Reproductive health and wellbeing: addressing unmet needs (<https://bit.ly/2OPGQh2>)

³⁹ The Health Foundation (2024) Investing in the Public Health Grant (Investing in the public health grant)

⁴⁰ House of Lords Library (2024) Sexual and Reproductive Healthcare (<https://lordslibrary.parliament.uk/sexual-and-reproductive-healthcare/#:~:text=The%20LGA%20said%20that%20the,at%202.2%20million%20in%202022.>)

There was a 22.6% decrease in the rate of LARC provision in 2021, despite it being an effective type of contraception, particularly for young and vulnerable women⁴¹. Waiting times for gynaecology have gone up by 109% since 2020⁴².

Mental health

In England, women are more likely than men to have a 'common' mental health problem (mixed anxiety and depression), with the last data from 2014 showing 21% of women displaying such symptoms compared with 13% of men⁴³. Women are almost twice as likely as men to be diagnosed with an anxiety disorder⁴⁴. Mothers are more likely than fathers to have mental health problems - 10% compared with 6%⁴⁵.

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 men⁴⁶.

The Mental Health Foundation recognises that data collected on mental health in Black, Asian and ethnic minority 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 people from a Black and Black British background having higher rates of common mental disorders than those from a White or Asian background⁴⁷.

Asylum seekers and refugees are more likely to experience poor mental health and more than 61% will experience serious mental distress.⁴⁸ This group are also less likely to receive support than the general population⁴⁹.

In 2018 over half of LGBT, 67% of transgender people and 70% of non-binary people reported experiencing depression in the last year reported (2018). Black, Asian and ethnic minority LGBT people (62%) and LGBT people in lower income households (64%, compared with 48% for higher income households) were more likely to experience depression⁵⁰.

The Covid pandemic has exacerbated mental health inequalities, with women and young people experiencing the most severe worsening⁵¹. Women were in general more likely to be anxious than their male counterparts, but this was highest for disabled women, at 53.1%⁵². 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 Black, Asian and ethnic minority LGBT people, 60% for non-binary people, 57% for trans people and 48% for disabled LGBT people⁵³.

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.

⁴¹ FSRH (2023) (<https://www.fsrh.org/news/fsrh-statement-on-latest-ukhsa-and-ohid-sexual-and-reproductive/>)

⁴² IFS (2024) The Past and Future of NHS Waiting List in England (The past and future of NHS waiting lists in England | Institute for Fiscal Studies (ifs.org.uk))

⁴³ House of Commons Library (2024) Mental Health Statistics (Mental health statistics: prevalence, services and funding in England - House of Commons Library (parliament.uk))

⁴⁴ Mental Health Foundation (2016) Mental health statistics: men and women (<https://bit.ly/31UkiID>)

⁴⁵ Ibid.

⁴⁶ BMA (2018) Health inequalities and women: addressing unmet needs (<https://bit.ly/3IKePG6>)

⁴⁷ House of Commons Library (2021) Mental health statistics (England) (<https://bit.ly/3YUz1YR>)

⁴⁸ Mental Health Foundation (2016) Mental health statistics: refugees and asylum seekers (<https://bit.ly/2F21gke>)

⁴⁹ Ibid.

⁵⁰ Stonewall (2018) LGBT in Britain health report (<https://bit.ly/31RvjUP>)

⁵¹ 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/3cWryzJ>)

⁵² WBG (Jun 2020) Disabled women and Covid-19 (<https://bit.ly/2YVAcKu>)

⁵³ LGBT Foundation (May 2020) Hidden Figures: The impact of the Covid-19 pandemic on LGBT communities in the UK (<https://bit.ly/3blP6il>)

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 78.9 years, compared with 86.3 in the least deprived areas, a difference of 8 years (73.4 for men in the most deprived areas, 83.7 for men in the least deprived)⁵⁴. 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 lives⁵⁵.

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 areas⁵⁶.

Black, Asian and minority ethnic women

Black, Asian and ethnic minority 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, Black, Asian and ethnic minority staff working in health and social care are also consistently more likely to be subject to bullying, abuse and discrimination than White staff members⁵⁷.

Disabled women

Disabled people are more likely to experience health inequalities, major health conditions and to die younger than non-disabled people⁵⁸. In 2014, 28.8% of disabled adults in England reported having bad or very bad health (0.9% for non-disabled populations)⁵⁹. Life expectancy for a woman with a learning disability is 18 years less than for a non-disabled woman⁶⁰.

There are significant barriers to healthcare for this population including inadequate or unaffordable transport links, lack of staff training, under-diagnosis and misdiagnosis⁶¹. 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 them⁶².

Migrant women

Although migrants make up only 13.3% of the UK population⁶³, a quarter of women who died during maternity in 2012-14 were born outside of the UK; 46% of these were not UK citizens⁶⁴. Under the current immigration system, undocumented migrant women have to pay for essential antenatal maternity care, saddling women with thousands of pounds of debt⁶⁵.

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

⁵⁴ ONS (Apr 2024) Health state life expectancies by national deprivation deciles, England and Wales: 2018 to 2022 (Life expectancy for local areas in England, Northern Ireland and Wales - Office for National Statistics (ons.gov.uk))

⁵⁵ ONS (Apr 2022) Health state life expectancies by national deprivation deciles, England and Wales: 2018 to 2020 (<https://bit.ly/3YUTehq>)

⁵⁶ MBRRACE-UK (Oct 2021) Perinatal mortality surveillance report (<https://bit.ly/2X9ZV4o>)

⁵⁷ The King's Fund (Jul 2020) Workforce race inequalities and inclusion in NHS providers (<https://bit.ly/3bl9RuF>)

⁵⁸ Equality and Human Rights Commission (2017) Being disabled in Britain (<https://bit.ly/32Z7UQW>)

⁵⁹ Ibid.

⁶⁰ Mencap (2019) Health inequalities (<https://bit.ly/3jF0BEz>)

⁶¹ Ibid.

⁶² 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>)

⁶³ BMA (2018) Health inequalities and women: addressing unmet needs (<https://bit.ly/3lKePG6>)

⁶⁴ Ibid.

⁶⁵ Maternity Action (2019) What price safe motherhood? Charging for NHS maternity care in England and its impact on migrant women (<http://bit.ly/2QylQd4>); BMJ (2022) Migrant women are charged up to £14,000 for maternity care in England, report finds (<https://bit.ly/3koRxd2>)

everyday activity⁶⁶.

The LGBT community

People from the LGBT community face 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 Black, Asian and ethnic minority LGBT people⁶⁷. 14% have avoided treatment for fear of discrimination and 5% have been pressured to change their sexual orientation when accessing health services⁶⁸.

Recommendations

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 a decrease in the quality of care, which is especially salient in maternity services.

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, Black, Asian and ethnic minority, migrant, disabled, and LGBT people and those living in deprived areas.

There is a clear need for increased NHS funding in order to clear the backlog, tackle waiting lists, improve the quality of care and address inequalities, including inequalities within the workforce and inequalities in healthcare outcomes and experiences.

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 Black, Asian and ethnic minority and disabled staff.

UK Women's Budget Group, June 2024

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⁶⁶ BMA (2018) Health inequalities and women: addressing unmet needs (<https://bit.ly/3lKePG6>)

⁶⁷ Stonewall (2018) LGBT in Britain health report (<https://bit.ly/31RvjUP>)

⁶⁸ Stonewall (2018) LGBT in Britain health report (<https://bit.ly/31RvjUP>)

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