

# Fit for the future

How should the incoming Government help the NHS in England?



# Introduction

The NHS consistently ranks among the issues that voters care most about and we are now approaching a General Election which has been characterised by strong messages on healthcare from all sides. As the membership body that represents leaders across healthcare providers, clinical commissioners and local systems, the NHS Confederation has surveyed its members in England to gauge what they feel are their most critical priorities for an incoming Government. This report summarises their most pressing issues: workforce, social care and capital investment.

## Key points

- Workforce, social care and capital investment are the three areas overwhelmingly seen by health leaders as critical priorities for an incoming Government – over eight in ten ranked these issues in their top three.
- The workforce crisis in the NHS must be addressed – nine in ten (91 per cent) health leaders said that understaffing is putting patient safety and care at risk. More than eight in ten said the current issues with the NHS Pension Scheme were exacerbating workforce pressures.
- Almost all (98 per cent) of health leaders said the worsening social care crisis is having a knock-on effect on the NHS and damaging patient care.
- Despite welcome announcements recently of new capital funding, NHS infrastructure is not fit for purpose – more than nine in ten (93 per cent) of health leaders stated that the capital investment persists as a significant problem.
- Leaders are strongly opposed to another top-down reorganisation of the NHS. Also, they favour the introduction of a more nuanced approach to assessing NHS performance, with some stating that the existing targets, while having led to reductions in how long patients wait for treatment, are no longer ‘fit for purpose’.

## Background

The NHS is facing unprecedented demand with an ageing population, more patients with complex conditions and rising expectations. Combined with serious shortages in the workforce, this is placing enormous strain on the facilities and staff of the NHS. In spite of the considerable extra funding already announced, the combination of growing demand and years of low growth means that the NHS now faces considerable challenges just to maintain existing levels of service.

The latest performance statistics show that targets in key areas are being missed and the NHS looks to be heading towards a tough winter.

Compounding this, the danger of a no-deal Brexit remains a real concern – more than half (54 per cent) of health leaders who responded to this survey felt that patient care would be at significant risk if the UK leaves the EU without a deal.

There is no quick fix for all the challenges facing the NHS in England but there is an agreed direction of travel laid out already in the NHS Long Term Plan, which published in January 2019. Overcoming these challenges will take time and requires action on a number of fronts. The incoming Government needs to make sure there is sufficient investment and support to enable the service to meet current and future demands and to change the way it delivers care so that its services are stable and sustainable.

The following findings are the result of an election survey that the NHS Confederation carried out with its members – health leaders, such as chief executives, chairs and directors – from across England, to ascertain what issues matter to them and what frontline services need to meet growing demand.

One hundred and thirty-one leaders, including chief executives, chairs and directors, from NHS trusts, clinical commissioning groups and local integrated care systems, responded to the survey.

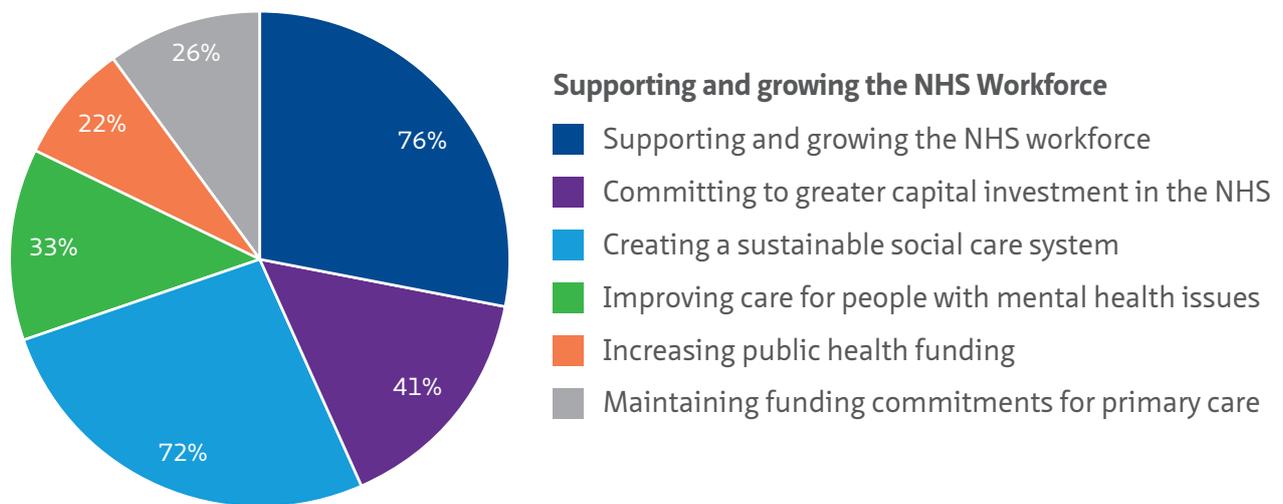
# Three key priorities

## 1. Workforce

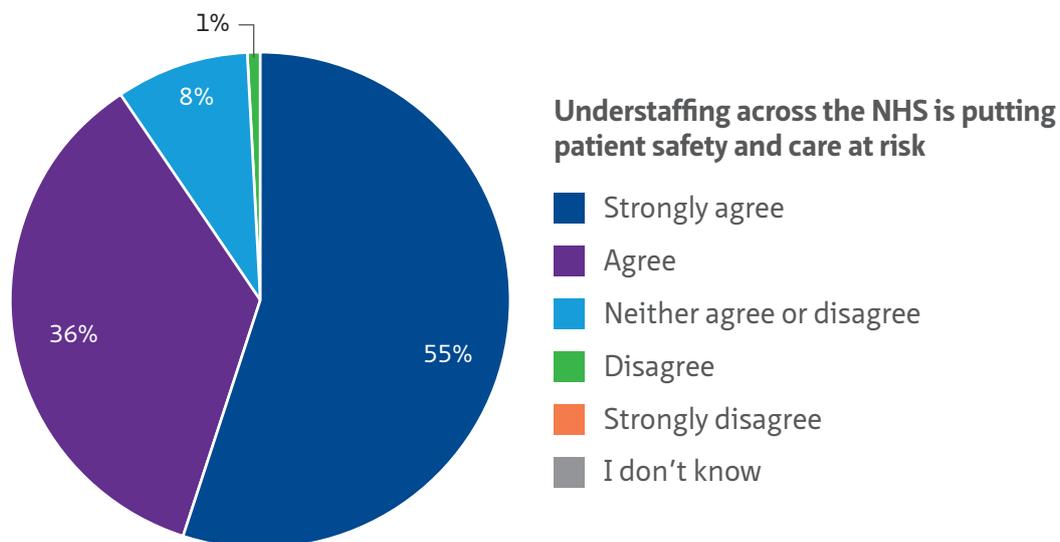
### What our members say

We asked our members to rank their critical priorities for the incoming government in order of urgency.

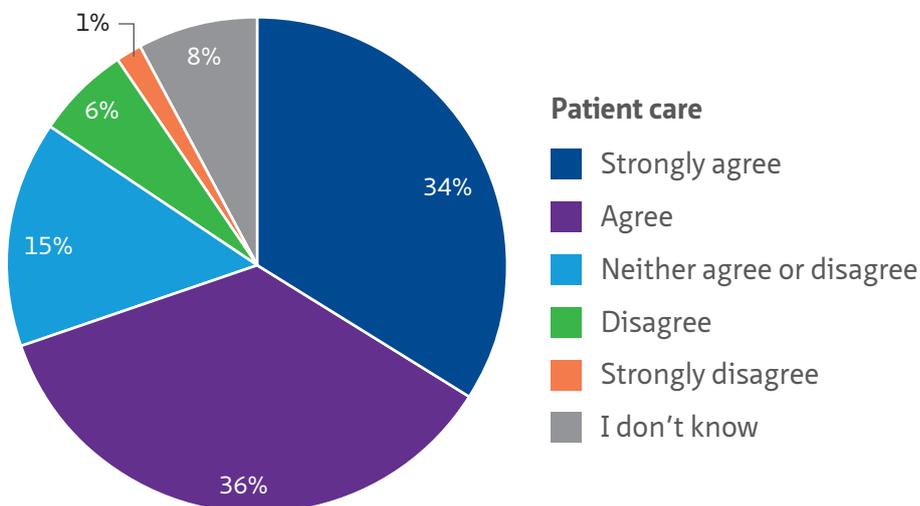
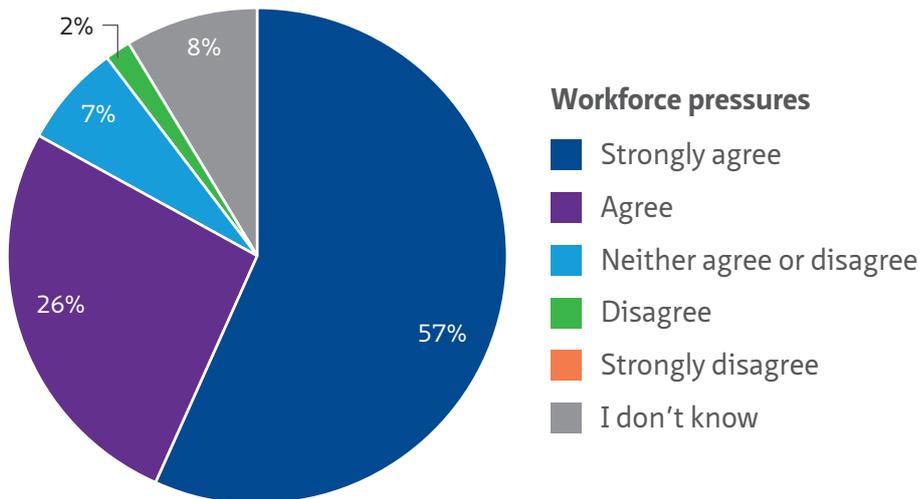
Supporting and growing the NHS workforce is seen by the vast majority (94 per cent) of health leaders surveyed as a key priority and over half (56 per cent) ranked it number one.



More than nine in ten (91 per cent) strongly agreed (55 per cent) or agreed (36 per cent) with the statement 'understaffing across the NHS is putting patient safety and care at risk'.



Over 83 per cent agreed that the NHS Pension Scheme is having a detrimental impact on workforce pressures and nearly 70 per cent said the same about patient care.



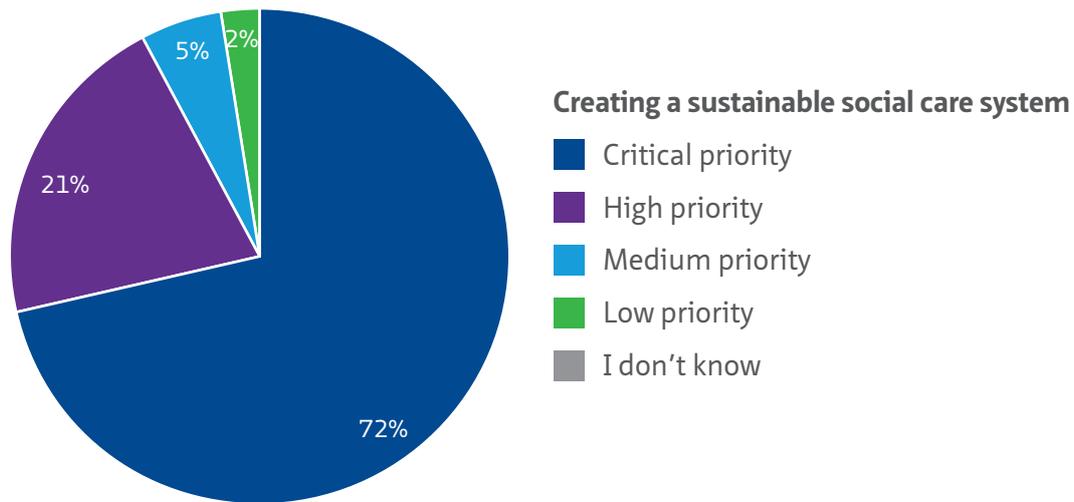
## Discussion

- Workforce is widely regarded as the biggest single challenge facing the health and care sector. The inability to develop, recruit and retain a skilled workforce risks both stretching our existing services to breaking point and undermining the sector's plans for transforming future service provision. While a national recruitment campaign is underway, the scale of the challenges facing both the NHS and social care are stark.
- The NHS employs around 1.2 million FTE staff across its range of services, making it the largest employer in the England. There are more than 100,000 FTE vacancies in England in hospital and community services alone. In every month from 2014 to 2019 most hospitals were only able to fill their shifts using temporary and agency staff.<sup>1</sup> This shortage is particularly pronounced in mental health and learning disabilities services, which have a disproportionately high number of vacancies.
- There are 1.13 million FTE employed in adult social care in England, working for an estimated 18,500 organisations. At any one time there are around 122,000 vacancies, with around one in ten social worker roles and one in 11 care worker roles vacant. Local health and care leaders are clear that current workforce pressures often leave them struggling to provide safe services.
- For both the NHS and social care, a no-deal Brexit poses risks when it comes to recruiting and retaining staff. Sixty-five thousand NHS staff, or 5.5 per cent of the workforce in the English NHS, are EU nationals. The NHS has always relied heavily on the expertise of staff from across the world – given the current shortfalls, it will be vital to enable and encourage overseas staff who want to come to work here and make sure they have the means to do so easily and with confidence about their future status. Whatever happens with Brexit, future immigration policy must take into account the staffing needs of both the health and care systems.

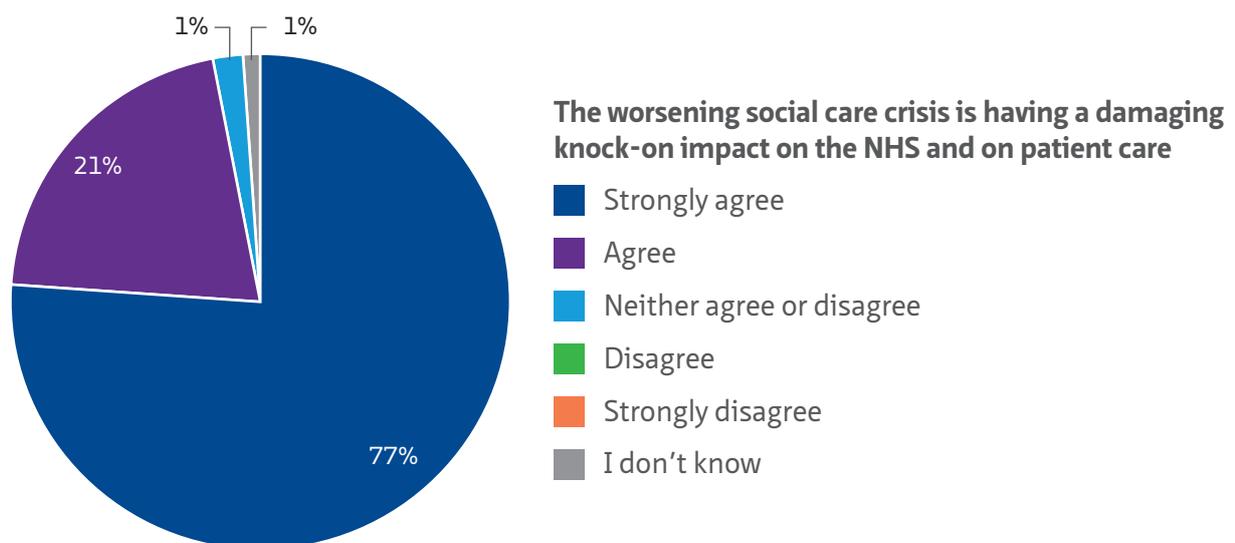
## 2. Social care

### What our members say

Social care is seen by more than nine in ten (92 per cent) of leaders as a key priority for the incoming Government, making it the second most pressing concern after workforce.



Almost all health leaders (98 per cent) are of the view that the worsening social care crisis is having a damaging knock-on impact on the NHS and on patient care.



Every respondent said that, like the NHS, the social care sector needs a long-term plan alongside significant investment. Unless this is addressed, the ambitions of the NHS Long Term Plan will be less likely to be achieved.

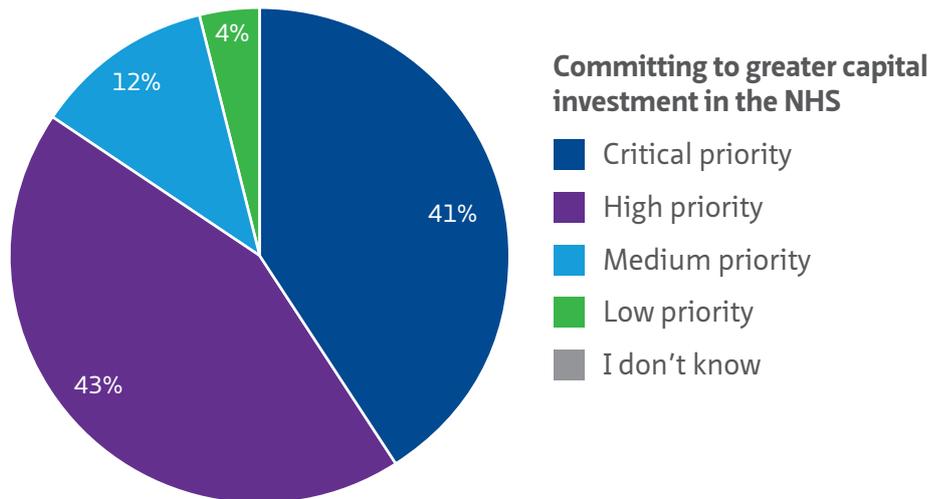
## Discussion

- In a recent report from the Health for Care coalition,<sup>2</sup> it is estimated that between £1.1 and £2.5 billion is required just to stabilise social care while maintaining current levels of eligibility – levels which have been tightened in recent years to make up for funding shortfalls. These figures rise to between £4 and £5.75 billion to return to a model of social care that provides more universal access.
- A report last year commissioned by the NHS Confederation, and undertaken by the Institute for Fiscal Studies and the Health Foundation, calculated that social care funding would need to increase by 3.9 per cent a year to meet the needs of an ageing population and an increasing number of younger adults living with disabilities.
- The NHS Confederation has led the Health for Care coalition which was launched in March 2019 in response to the growing crisis in social care and the increasing challenges this was posing for the health sector. The coalition has called for an effective Government response to the crisis, in the form of a sustained funding boost and a long-term settlement. The coalition is currently targeting parliamentary candidates to pledge their support to [#FixSocialCare](#).

### 3. Capital

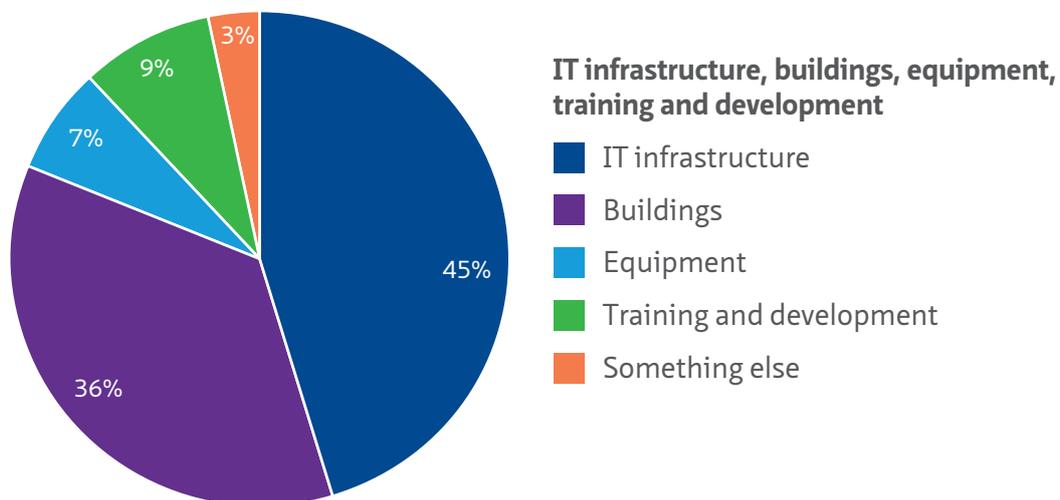
#### What our members say

Capital investment is seen by 85 per cent of health leaders as a key issue.



Ninety-three per cent of health leaders told us that capital investment remains a significant problem and the funding that was recently announced is just the start of what is needed. In particular, the new funding has yet to address the capital requirements among mental health and community services.<sup>3</sup>

When asked about their priorities for where additional capital funding should be directed 81 per cent identified IT infrastructure or buildings as their number one priority. This was divided between 45 per cent citing IT infrastructure as their number one priority and 36 per cent citing buildings as their number one priority.



## Discussion

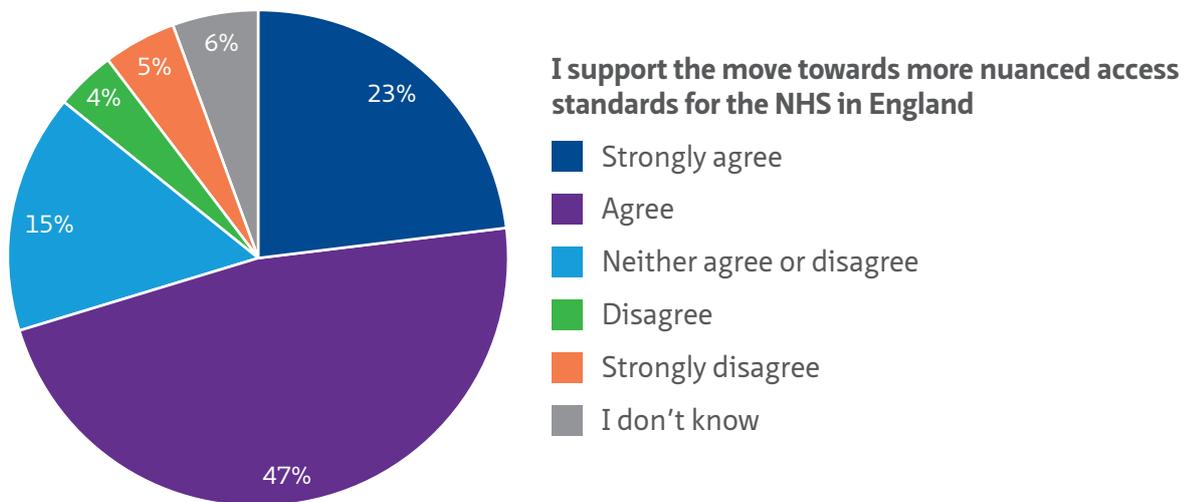
- Spending on capital investment in the NHS has fallen by 7 per cent in real terms from 2010/11 (£5.8 billion) to 2017/18 (£5.3 billion) according to research carried out by the Health Foundation. A combination of restricted capital funding and insufficient revenue has led the Department for Health and Social Care transferring those capital funds that are available across to pay for the day to day running of the NHS. The UK has one of the lowest levels of healthcare capital funding in the Organisation for Economic Cooperation Development (OECD) countries. The OECD average for capital spending on health is 0.51 per cent of GDP. England currently spends just over half this (0.27 per cent of GDP).<sup>4</sup>
- NHS Digital has reported a maintenance backlog of £6.5 billion this year with over half of this associated with high or significant risk areas.
- In spite of modest increases to the capital budget announced earlier this year and the release of funds for specific projects, NHS infrastructure is feeling the weight of years of restrained funding. Just to clear the backlog, the Naylor review<sup>5</sup> states £10 billion is needed.

# Other key issues

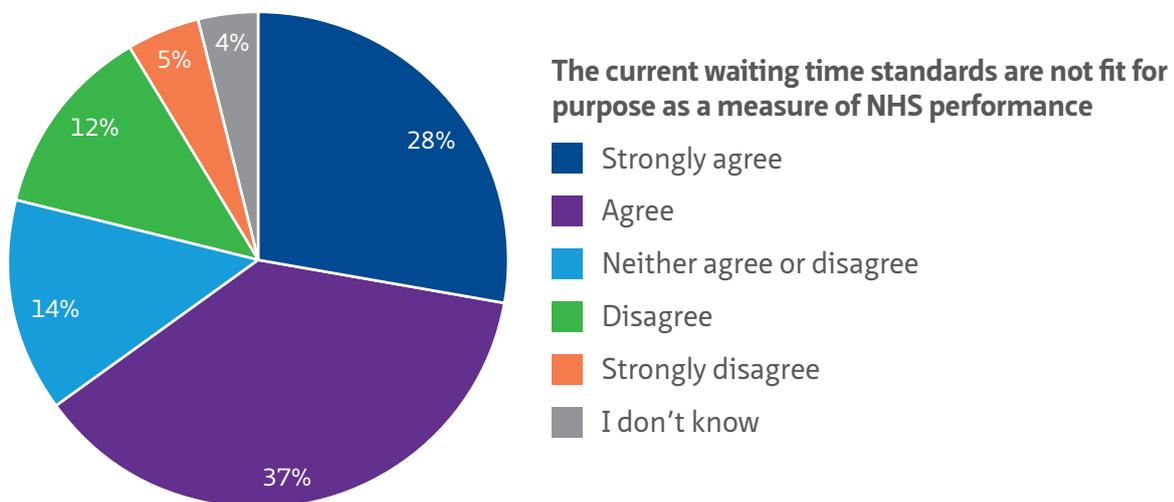
## Waiting times

### What our member say

There is support among public providers in particular to review the waiting time standards. Seven in ten leaders welcome the idea of more 'nuanced' access standards. However, this view is not shared by the NHS Confederation's independent provider members. There is currently a review of standards underway by NHS England and Improvement.



Nearly two thirds (64 per cent) of leaders said the current waiting time targets are not 'fit for purpose' as a measure of NHS performance. Fifty-eight per cent of the health leaders in our survey also believe that this winter will be "the worst on record for NHS waiting times and performance".



## Discussion

- The current waiting time standards consistently show an NHS which is struggling to deliver the levels of access to care we would all aspire to.
- While the existing targets have led to vital reductions in how long patients wait for treatment, nearly two thirds (65 per cent) of the leaders surveyed now feel that the measures are not 'fit for purpose'. More than seven in ten (71 per cent) welcome the expected move towards more 'nuanced' access standards for the NHS in England. However, the NHS Confederation's independent sector providers do not support any moves to change the current standards
- The standards, including the four-hour target in A&E, have been used to measure the NHS's performance since 2004 and are currently being reviewed.

# Conclusion

Despite health leaders and their staff doing all they can to care for patients, the NHS faces a growing tide of demand fuelled by a social care system in crisis and without enough staff to cope. This is compounded by out of date IT systems that hamper the ability of front-line staff to work efficiently and do not enable patient information to be shared between services.

The rise and complexity of the demand on the health service would present a major challenge on its own, but it is combined with an underfunded social care sector, restrained capital budgets and significant understaffing. As we head into winter more than half (58 per cent) of NHS leaders worry it may be the worst on record.

Despite the NHS treating more patients than ever before, which is a success, the waiting time standards consistently show an NHS which is struggling to deliver the levels of access to care we would all aspire to. At the same time, there is strong support for the NHS England and Improvement plan to review standards so that they measure the right things and provide the right incentives. Nearly two thirds of health leaders in our survey support a more nuanced approach to measuring performance. Any changes should not dilute access to care and must be driven by the needs of patients.

Health leaders from across the NHS are working tirelessly to fix these problems but they cannot do it on their own. An incoming Government must offer the funding and support that the health and care system needs so that frontline staff can carry out their duties with the quality and safety that has come to define the NHS.

We are also concerned that the monumental task facing the health and care system is not reflected in political rhetoric. Too often the message comes across that all these challenges can be solved easily with relatively short-term fixes, rather than stressing that transforming how and where care is delivered will be difficult, involve hard choices and will take considerable investment over a long period. The ambition is huge and we will need consistent support as well as political and public patience to deliver it.

Our members support the direction of travel set out in the NHS Long Term Plan published in January 2019. Two thirds of leaders (65 per cent) agreed that the NHS does not need top-down reorganisation of the likes of those introduced as a result of the Health and Social Care Act 2012. It is encouraging that none of the political parties appear to be proposing this.

As the NHS Confederation, we will continue to represent the views of our members in the debate and we look forward to working with the incoming Government to ensure they are heard and acted upon.

# About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of the whole NHS. We represent over 500 members across health and social care, including hospitals, community and mental health providers, ambulance trusts, independent sector organisations providing NHS care, and clinical commissioning groups.

To find out more, please visit [www.nhsconfed.org](http://www.nhsconfed.org) or email [enquiries@nhsconfed.org](mailto:enquiries@nhsconfed.org)



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