

Four health policy priorities for the new government

September 2022

Key points

- The nation's health is fraying and health services are under extreme strain. Current pressures are down to a mix of factors, including a decade of underinvestment and longstanding staff shortages.
- The cost-of-living crisis will put even more pressure on people and public services over winter and – without major policy intervention – risks turning into a health crisis.
- Health policy priorities for the new government should include tackling chronic staff shortages in the NHS and social care, addressing unmet need for services, supporting and expanding social care, and developing a cross-government approach to improving health and reducing health inequalities. We set out a mix of policy changes and investment needed to do this.
- There is strong public support for the core principles of the NHS. Government should avoid changes to NHS structures and focus on supporting the health system to innovate and improve instead, including by using digital technology to drive faster improvements in care.
- The level of spending on health is a political choice, and the nation's health is an asset worth investing in. Spending on health per person in the UK is around the OECD average but less than G7 and western European countries – and well below countries such as France and Germany.

Introduction

The nation's health is its most important asset. Good health enables individuals to contribute to their families, communities, and society, and is essential for a productive workforce and strong economy. Yet improvements in life expectancy have been stalling over the past decade – and, for some, have been falling. The pandemic has taken a major toll on the nation's health and exacerbated inequalities.

Health and care services in England are under extraordinary strain and more people are struggling to get the care they need. The cost-of-living crisis will put even more pressure on people and public services over winter and – without major policy intervention – risks turning into a health crisis. The new government must take immediate and widespread action to protect people's health and put health and care services on a more sustainable footing. We outline four priorities for the new government.

Context

Unfair differences in health between more and less deprived areas in England are vast and growing.^{1,2} Our recent analysis shows that, on average, a 60-year-old woman living in one of the poorest areas of England has diagnosed illness – such as chronic pain, diabetes, cardiovascular disease, or depression – equivalent to that of a 76-year-old woman living in one of the wealthiest.³ These inequalities in health stem from avoidable differences in the circumstances of people’s daily lives – their income, employment, education, housing, and broader community and living environments.

The NHS was not set up to go it alone. Protecting and improving people’s health depends on a wider system of services and support, such as local government and social security. Yet vital parts of this system have been eroded over the past decade – and the NHS is often left to try to pick up the pieces.

Pressures on health and care services in England are extreme. In July 2022, 29,000 people waited more than 12 hours on trolleys in emergency departments for a hospital bed after a decision to admit to hospital – 13 times more than in July last year and 65 times more than July 2019.⁴

1 in 10 patients with a serious condition, such as a stroke or chest pain, waited over 2 hours for an ambulance. The waiting list for routine hospital treatment stands at 6.7 million and counting.⁵ Grim data on people waiting for hospital care reflect pressures felt right across the health and care system – in primary care, mental health, community services, social care, public health, and wider community support.

These issues are not new. COVID-19 created massive disruption of services. But the underlying causes of the current pressures pre-date the pandemic – including a decade of underinvestment in the NHS and wider public services that shape health and inequalities, chronic staff shortages in health and social care, limited hospital capacity, longstanding neglect of adult social care services, and more.

Pressures on the NHS are often used to fuel a narrative that the health system needs fundamental ‘reform’, such as switching the NHS funding model. Yet international evidence suggests that no type of health care system performs systematically better than others,⁶ the existing NHS funding model provides an efficient and equitable way of raising revenue, and top-down NHS reorganisations deliver little clear benefit.⁷ The NHS is already being reorganised through the Health and Care Act 2022 – the biggest legislative overhaul of the NHS in England in a decade. And there is strong public support for the core principles of the NHS, including it being free at the point of need, available to all, and primarily tax-funded.⁸ Government should avoid tinkering with NHS structures – which is a recipe for wasting time and money – and focus on the major problems facing health services instead. Government’s approach to NHS reform should focus on supporting the health system to innovate and improve, including by using digital technology to enable faster improvements in health and care.

Priorities for the new government

Address workforce shortages

Urgent action is needed on workforce shortages. Staff gaps stand at around 132,000 in NHS trusts and 165,000 in adult social care.⁹ Shortages of fully qualified GPs are estimated at 4,200 and without change in policy could grow to 8,800 by 2030–31 – around 1 in 4 of projected GP posts.¹⁰ Staffing gaps affect quality of care^{11,12} and addressing them is a top public priority.¹³ National NHS bodies have been asked by government to produce a plan for how to recruit and retain the NHS workforce needed in the future. But this will do little good without the long-term investment to make it happen.

The prescription is clear: the NHS needs a long-term workforce strategy, backed by sustained government investment. The strategy must assess how many staff of which type may be needed in future and how they will be trained, recruited, and retained once they are in the NHS. This means considering how care may change to meet people's health needs, as well as how to reduce staff workload and improve organisational culture. A combination of policy changes will be needed – including to boost domestic training and ethical international recruitment, develop more team-based models of care in general practice, distribute staff equitably between areas, and ensure staff are fairly rewarded. Short-term changes are also needed to improve retention, such as changes to pension rules, which government is consulting on. A similar strategy is also needed for the social care workforce. Our projections set out potential staffing shortages in the NHS to 2030–31 under a mix of scenarios.¹⁴

Tackle unmet need

Tackling unmet need in the NHS is another priority. The record-high hospital waiting list in England could grow to somewhere between 7 and 11 million by 2023.¹⁵ Progress has been made on reducing numbers of people waiting over 2 years for treatment, but around 355,000 people have waited more than a year.⁵ People are finding it harder to access their GP¹⁶ and there are backlogs for community services.¹⁷ Growing staff numbers would improve access. But wider policy changes are also required, such as investing in improving NHS infrastructure – capital investment in health care in the UK has been lower than comparable health care systems for many years¹⁸ – and testing service changes that could boost productivity. This means improving data and digital infrastructure, supporting effective management, and adapting regulation and payment systems to support new innovations in care.

The NHS's scale and structure means it is in a unique position to test and evaluate innovations. But there is not yet a systematic approach to understanding where technology can help the NHS, rapidly evaluating innovations, and selecting those that will receive support for regional and national scaling.

The NHS also needs to expand the number of beds available to deliver hospital care. The NHS has low capacity – beds, staff, equipment – compared with similar health systems. People's health care needs are changing and growing. Delivering 2018–19 standards of care may require between 23,000–39,000 additional hospital beds by 2030–31 (compared to 2018–19).¹⁹ This is a far larger increase in beds than expected under the current Health Infrastructure Plan. The NHS needs to do this alongside expanding primary and community services and investing in preventive care outside hospitals.

Making this happen will require additional government investment. Funding provided by government in the 2021 spending review fell short of the amount needed to recover NHS services – for example, to meet unmet need for mental health services and deliver waiting times standards for elective care and A&E.²⁰ Since then, rising inflation and NHS pay increases have eaten up a large share of planned health care spending. Our estimates suggest that the NHS in England is short of at least £4bn by 2024/25 of the funding needed just to deliver 2018/19 standards of care – let alone improve services. The current squeeze on the NHS budget is likely to impact patient care and staff working conditions.

Support and expand social care

The social care system is on its knees. Government introduced reforms to cap individuals' care costs over their lifetime, but last-minute changes made the policy less fair and generous for people with lower wealth.²¹ Many people go without the care they need, terms and conditions for staff are poor, and reliance on unpaid carers is high.²² A mix of reform and investment is needed to improve and expand the system. Yet government spending is a long way off meeting growing demand for care.²⁰

Immediate action is needed to stabilise and improve the current system. We estimate around £8bn is needed by 2024/25 to meet the needs of an ageing population, improve access to care, and allow local authorities to pay more to care providers to increase quality of care and boost staff pay. Investment to improve staff pay would need to be matched with wider measures to ensure the funding reached staff, such as a sector-specific minimum wage or new standards built into provider contracts. These and other measures should be considered as part of a comprehensive workforce strategy for social care.

Short-term support should be implemented alongside longer term reform. Government must provide sufficient funding and support for local authorities to implement the new cap on care costs and other changes to social care funding planned for 2023. Reforms to cap care costs have already been postponed for several years and there are major risks to further delay. Changes to how the cap is calculated could provide greater protection for people with lower wealth – particularly people living in the North East, Yorkshire, and the Midlands – and working age adults.²¹ Over time, the cap could also be used flexibly by government to increase the level of state protection across the population.²³

Enable people to live healthy lives

Enabling people to live healthy lives should be an overarching priority. Government has committed to 'levelling up' the country but – so far – has not matched this ambition with the policy changes or investment needed to tackle social and economic drivers of health inequalities.²⁴ Cross-government action is needed – for example, to improve living conditions and strengthen social security. Our work sets out a mix of interventions that could form part of a cross-government approach to improving health and reducing health inequalities.²⁵ This should include sufficient funding for local government, who play a central role in improving health but have seen their public health budgets cut by around a quarter per person since 2015 – with funding falling further in more deprived areas.^{26,27,28} The new government should bring forward its delayed health disparities white paper to set out how this will be done, coordinating the contribution of all departments through its Health Promotion Taskforce.

The cost-of-living crisis adds urgency to this agenda. Cold, damp homes make people ill.²⁹ When people are choosing between heating and eating, their health will suffer. Our polling

shows the public is deeply concerned about the impact of rising living costs on the nation's health.¹³ Government must deliver significant emergency support in the autumn, targeted at lower-income families who are most at risk of poor health. Without immediate action, there is a risk the cost-of-living crisis becomes a health crisis. Progress in these areas would help the UK respond to future waves of COVID-19.

Investing in health

In each of these four areas, a mix of policy change and investment is needed. Spending on health per person in the UK is slightly above the OECD average but significantly less than G7 and western European countries – and well below countries such as France and Germany.³⁰ The UK is not a high-tax country by international standards.^{31,32} And our recent polling shows the majority of the public think extra government investment is needed in the NHS beyond the new health and care levy. Ultimately, the level of public spending on health and social care is a political choice. The nation's health should be seen as an asset worth investing in.

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