HEALTH MJ

themj.co.uk/health | The management journal for health and care | December 2017

Health chiefs give a cautious welcome to extra Budget cash

By Michael Burton

Health chiefs have given a modest welcome to chancellor Philip Hammond's injection of cash for the NHS in his Budget but expressed concern at the absence of any announcement on social care.

The Budget pledged an extra £2.8bn over the next three years including £350m for the coming winter, £1.6bn for 2018/19 and the rest in 2019/20, funding for extra pay for nurses and £10bn capital spend over this Parliament. Total NHS spending next year will be £155bn.

Rebecca George, head of public sector at Deloitte said: 'Money to see the NHS through the pressure of winter is always welcome, but we need a wider rethink about meeting future demand for the NHS and social care where we didn't see any specific announcements.'

Nuffield Trust chief executive Nigel Edwards commented that the extra cash was still half of what the NHS required saying: 'The chancellor has committed to a sizeable extra funding boost of around £2bn to the NHS next year. This was the right decision and will bring respite for patients and NHS staff alike. For now at least, we have dodged the bullet.

'But as we and two other leading think tanks calculated, the figure really needed next year to get the NHS on a permanently stable footing would have been at least £4bn.'

He added: 'The reality is that we still need a more permanent shift in the amount of money Britain spends on health and social care if we are to give patients, now and in the future, continued access to timely care at the best international standards.'

Chief executive of NHS Providers, Chris Hopson, said: 'Any extra investment in the NHS is welcome given the overall economic context and the other demands on public expenditure. However, it is disappointing that the Government has not been able to give the NHS all that it needed to deal with rising demand, fully recover performance targets, consistently maintain high quality patient care and meet the NHS's capital requirements.'

Chancellor Philip Hammond pledged an extra £2.8bn over the next three years including £350m for the coming winter, £1.6bn for 2018/19 and the rest in 2019/20, funding for extra pay for nurses and £10bn capital spend over this Parliament

The Budget promised to fund any extra deal for nurses, midwives and paramedics but added 'any pay deal will be on the condition that the pay award enables improved productivity in the NHS, and is justified on recruitment and retention grounds.'

The Budget also pledged £10bn of capital funding for the NHS over the life of this parliament including £2.6bn for sustainability and transformation partnerships 'to deliver transformation schemes that…deliver more integrated care for patients, more care out of hospital and reduce waiting times.'

Around £700m 'will support turnaround plans in the individual trusts facing the biggest performance challenges' and £200m will support efficiency programmes that will help reduce NHS spending on energy and fund technology. But £3.3bn will have to come from the sale of NHS assets.

The Budget gives £42m of additional funding for the Disabled Facilities Grant in 2017/18 increasing the total for this year to £473m.

Mr Hammond said the extra NHS cash was 'a significant first step towards meeting the government's commitment to increase NHS spending by a minimum of £8bn in real terms by the end of this Parliament.'

Total spending on health in 2018/19 will be £155bn out of a total management expenditure of £809bn.

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- Funding for extra pay for nurses
- £10bn capital spend over this Parliament including £2.6bn for sustainability and transformation partnerships

comment

By Michael Burton

The chancellor was never going to completely satisfy the health sector with his extra Budget cash and nor one imagines did he ever have any intention of doing so. He had to be seen to inject some extra resources into the sector, especially to cover the crucial and politically sensitive winter period. The extra revenue funding for next year is welcome but still half of what think-tanks argued the NHS needed. For the year 2019/20, much of the extra cash will be swallowed up in extra employer National Insurance costs while of the £10bn capital injection, much rides on asset disposals and therefore the health of the property market.

The major absence in the Budget was any announcement on social care which again has been kicked into long grass with a promise of yet another green paper by next summer. This is not the only government to avoid providing any long-term answer to social care but the crisis gets steadily worse, demand rising faster than the recent sticking plaster cash available to tackle it.

But the NHS inevitably is affected by the wider malaise in the economy. Chancellor Philip Hammond's gloomy forecasts on growth for the next three years, partly down to Brexit and his need to allocate £3bn to fund Brexit costs means less money available for other parts of the public sector. The irony that the age group which most backed Brexit is also the one with the most demand on NHS and care services is doubtless not lost on the Remainer chancellor. In the circumstances he achieved quite a feat of delivering jam today, pushing his deficit reduction targets way into the future, to fund upfront spending. But long-term the challenge still remains that somewhere more resources need to be found for health and care.

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Fifth of EU NHS doctors 'are planning to leave UK'

By Paul Dinsdale

Almost one in five of the NHS' European doctors are planning to leave the UK, according to research by the doctors' trade union.

In addition, almost half of the health service's 12,000 medics from the European Economic Area (EEA) are considering moving abroad, the survey by the British Medical Association (BMA) found.

The findings, based on responses from 1,720 doctors, suggest that Brexit may worsen problems of understaffing in the NHS by damaging retention and recruitment of EU staff.

In September, NHS figures showed that more than 10,000 staff from EU countries had left since the Brexit vote. The number of EU nurses coming to Britain has also fallen by 89% in the last year, according to figures from the Nursing and Midwifery Council.

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The DoH disagrees with the BMA survey, saying there are now more EU nationals working in the NHS than before the EU referendum

In total, 45% of respondents said they were thinking about leaving Britain following the result of the EU referendum – three percentage points more than the findings of a similar BMA poll reported in February – while a further 29% were 'not sure' whether they would go or not.

Among those who were considering going elsewhere, 39%, or 18% of the whole sample, have already made plans to leave. The 12,000 doctors from the EEA (the EU, as well as Iceland, Liechtenstein and Norway) represent 7.7% of the NHS's medical workforce.

Some of those leaving have been offered jobs abroad, while others are applying for posts overseas. Some have begun the process of seeking citizenship elsewhere, while others are having their qualifications validated so they can work in another country, the BMA said.

'That so many EU doctors are actively planning to leave the UK is a cause for real concern. Many have dedicated years of service to the NHS and medical research in the UK, and without them our health service would not be able to cope,' said BMA treasurer Dr Andrew Dearden.

But a Department of Health spokesman said that figures released last week by the General Medical Council, showing a slight year-on-year rise in 2016-17 in the number of EEA doctors joining its medical register, showed the BMA's findings were inaccurate.

'This survey does not stand up to scrutiny. In fact, there are actually more EU doctors working in the NHS since the EU referendum, more EU graduates joining the UK medical register and 3,193 more EU nationals working in the NHS overall,' he said.

Seriously injured patients in South Wales 'dying needlessly'

Up to five seriously injured patients in South Wales could be dying unnecessarily each month because the region is not part of a major trauma network, says an expert in emergency care.

Prof David Lockey said a lack of specialist treatment meant lives were 'being lost all the time'. Plans to establish a major trauma network for the region have been put out for consultation. South Wales is the only region in England and Wales not in a network.

Both Swansea's Morriston Hospital and Cardiff's University Hospital of Wales had bid to become Wales' first major trauma centre (MTC).

In June, a panel of independent experts concluded Cardiff should be the preferred option as it is Wales' only specialist neurosurgery hospital, and home of Noah's Ark Children's Hospital of Wales.

The panel recommended Morriston Hospital should be an MTC as part of the wider network.

Experts from Morriston Hospital had argued it was better located to become an MTC – with a greater proportion of the south Wales population living within an hour's travelling time. Morriston also has a well-established burns and plastics surgery unit, which serves Wales and south west England.

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Younger disabled adults 'placed in older people's care homes'

More than 3,000 disabled adults are living in residential homes for older people, according to figures obtained under a Freedom of Information (FoI) request.

The MS Society, which supports people with multiple sclerosis, said that it knew of cases of people in their thirties and forties living in care homes where the majority of residents were in their eighties and nineties. Charities are urging councils to end the practice of placing younger adults with disabilities in care homes for residents aged 65 and over, saying that it harms their quality of life.

The FoI request by the MS Society revealed more than 3,300 adults under 65 are in this situation in England, suggesting that, across the country, almost one in seven younger disabled adults in residential care could be in homes with mostly older people, and potentially not receiving the specialist care they need.

'Not only are care homes for older people rarely equipped to meet all the needs of younger adults, living in such settings can be extremely isolating and have a damaging impact on their quality of life and mental health. This is just one example of a much broader, deep-seated problem,' said Michelle Mitchell, director of the MS Society.

Health MJ is produced by the publishers of *The MJ* as a monthly supplement.
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Council delays to transfers of care fall

By Paul Dinsdale

Councils have reduced the number of delayed transfers of care attributable to social care since July – when their targets were set by government – by 7.2%. This compares to the NHS reducing delays by 3.4%.

Cllr Izzi Seccombe, chairperson of the Local Government Association's Community Wellbeing Board, said: 'It's great news that the number of delays attributable to social care has reduced. This is testament to the huge ongoing efforts by councils to get people out of hospital and back into the community.

'But councils aren't complacent and we know more needs to be done, in close collaboration with NHS partners locally, to ensure everyone gets the care they need in their own home wherever possible. However, councils have been told that next year's social care funding will be reviewed in light of delayed transfers of care performance.

'Councils need urgent clarity and greater transparency around how this will be judged and the implications for local services.

'It is vital that government and NHS England work with councils to ensure we all make the best use of our scarce resources.'

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Elderly patients are spending less time in hospital owing to quicker transfers of care

Care home charges are 'rising at a record rate'

Fees for residential and nursing homes have risen at their fastest rate to reach an average of £33,000 a year, according to a survey.

The annual cost of a place at a care home rose by 9.6% last year, almost twice the rate of the increase in the previous year. Increased longevity is forcing up demand while higher staff costs have restricted supply, with a number of smaller independent care homes closing as a result of some councils reducing their contributions.

Based on a comparison of fees at 124 residential homes, the survey by care provider Prestige Nursing and Care (PNC), found that average fees across Britain had reached £33,094 a year, £2,978 higher than a year earlier.

The latest edition of the six-year study by PNC found that the average cost of a care home in Great Britain reached a new high of £33,094 a year in 2017 – £2,978 more than the £30,926 average found in 2016.

As care home costs have risen at a record rate, pensioners have seen their incomes stagnate over the past year, says PNC. According to data from the Department of Work and Pensions (DWP), the average pensioner saw their income increase by only 0.5% from £14,456 to £14,522, well below the growth in care home fees and the current rate of inflation of 2.8%.

This rise has also outpaced the growth in pensioners' incomes over a longer period, the survey says. Since 2012, the cost of the average care home place has risen by 23.7% from £27,404 (an increase of £6,500), while the average pensioner's income has risen by 9.9% from £13,208 (an increase of £1,314).

The survey highlights the fall in affordability means of the annual cost of a care home. In the past year, the difference between care home costs and pensioners' incomes has risen by 17.7% from £16,470 to £19,382. In total, the annual cost of a care home now equates to 133.5% of the average pensioner's income, the survey shows.

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Increased longevity and staffing costs are being blamed for the rise in care-home place prices

Patients who visit multiple GPs 'more likely for hospital admission'

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Patients who see different GPs from one visit to another are more than twice as likely to be admitted to hospital, says a study.

Published in *Annals of Family Medicine*, the study found older patients who do not see the same GP are at higher risk of emergency hospital admissions than those who saw the same or a small number of GPs.

Researchers looked at data from 10,000 records of patients aged 65 years and older in 297 practices in England between April 2010 and March 2014.

This data was cross-referenced with hospital records to measure continuity of care and the risk of emergency admissions. The researchers suggested that plans to enhance continuity of care could reduce hospital admissions as trusts in England face 'sustained pressure with increasing emergency attendances'.

Dr Peter Tammes, senior research associate at the University of Bristol's Centre for Academic Primary Care and lead author of the study, said: 'Discontinuity of care reduces the opportunity for building trust and mutual responsibility between doctors and patients, which might underlie the increased risk of emergency hospital admission.'

But he added that more research was needed to understand the link between continuity of care and hospital admissions more clearly.

briefs

■ Community pharmacists administered almost a million flu vaccinations to adults at risk in England last winter through the NHS' national scheme – up 60% from the previous year, official figures have shown. A total of 950,765 vaccines were provided by 8,451 community pharmacies in 2016-17, according to figures published by NHS Digital. Although there was no major flu outbreak last winter, a spokesman said that the prevention campaign was a vital part of the NHS' strategy for keeping elderly and vulnerable patients out of hospital at the most critical time of the year for the NHS and to allow elderly people to be cared for at home.

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The UK has seen an increase in uptake of flu vaccinations

■ The Government will be more than a decade late in meeting EU targets on air quality, says a report from the National Audit Office. The cost of the health impact from air pollution, including fine particulate matter and nitrogen oxides, is estimated at £20bn. Nearly 30,000 deaths were thought to be caused in 2008 by fine particulate matter pollution, some of it caused by diesel cars, according to the report. About 13% of fine particulate matter pollution is thought to come from diesel engines, in spite of improving air quality overall. The report also revealed that emissions of nitrogen oxides and fine particulate matter fell by roughly 70% between 1970 and 2015.

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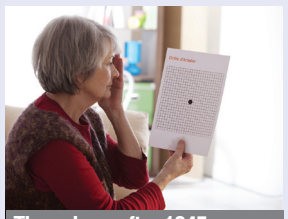
Diesel cars create pollution

briefs



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Those born after 1945 are less likely to suffer AMD

■ Baby boomers are 60% less likely to suffer from the leading cause of blindness than their parents, the first study of its kind suggests. Healthier living, cleaner air and water and fewer childhood illnesses could all be behind a 'rapid and dramatic decline' in rates of age-related macular degeneration (AMD).

The less stressful lives of people born after 1945 who did not go through the Second World War or the Depression era could also play a role, say researchers at the University of Wisconsin-Madison. Around 600,000 people in Britain suffer from AMD, in which the part of the retina responsible for the central field of vision starts to decline, resulting in gradual loss of sight.

■ Dog owners have a lower risk of death from cardiovascular disease or other causes, a study of 3.4 million Swedes has found. Researchers analysed national registries for people aged 40 to 80, and compared them to dog ownership registers. They found there was a lower risk of cardiovascular disease in owners of dogs, particularly of hunting breeds. Owning a dog helps physical activity, and researchers said it may be active people who choose to own dogs. They also said owning a dog may protect people from cardiovascular disease by increasing their social contact or wellbeing, or by changing the owner's bacterial microbiome, which helps the immune system.

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Falling mortality rates 'linked to cuts in social care'

A study in a leading medical journal has found a link between falling mortality rates and cuts to social care funding.

The study, published in the *BMJ*, says that there appears to be a link between the first fall in mortality rates in the UK for 30 years and reduced funding for social care.

Councillor Izzi Seccombe, chairman of the LGA's community wellbeing board, commented:'We would urge government to review the evidence behind this analysis. If correct, it would clearly reinforce the desperate and urgent need to properly fund social care.

'Genuinely, new government money is now the only way to protect the services caring for elderly and disabled people, and ensure they can enjoy dignified and healthy lives, live in their own community and stay out of hospital for longer.

'The chancellor should set out in further detail the Government's intention to bring forward proposals for adult social care in the Queen's Speech and how it proposes to fill the £2.3bn annual funding gap that social care will face by 2020.

"It must also reverse the £530m cuts to councils' public health budgets, which funds vital prevention work that keeps people well and out of hospital.'

Cllr Izzi Seccombe: Urging government to review evidence of falling mortality rates

Tax hikes are 'needed for pay rises for NHS staff and services'

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The IPPR believes an 'NHS tax' will be necessary to help plug the current funding gap

By Paul Dinsdale

The NHS faces a funding gap of £8.4bn by 2020, before any proposed pay increase for staff is included, according to a new report by a public policy think-tank.

The report, by the Institute for Public Policy Research (IPPR), says that the NHS has consistently failed to fill this funding gap through productivity increases, which would need to reach 2%-3%, as set out in the 'Five Year Forward View'.

It says that while NHS productivity has improved in the last few years, the Government's strategy of delivering 'more for less' is running out of road with the funding squeeze resulting in rising deficits, increasing waiting times and the re-emergence of rationing of services.

The report says: 'As the University of York calculates, the current figure stands at 0.9%. Even during its peak, NHS productivity only stood at 1.75%, which still does not meet the level needed for savings required, or to lift the NHS pay cap.

'The pay squeeze in the NHS, as detailed in recent IPPR work, has significantly eroded the value of pay in the NHS; and pay for a band 5 nurse is £3,214 lower in real terms today than in 2010/11. The decline in real-terms pay has led to a 10% fall in satisfaction with pay and contributed to an escalating workforce crisis.'

It points out that NHS Trusts in England are already on course for an underlying deficit of £5.9bn this year and that requiring NHS Trusts to fund an increase in pay from existing budgets would further escalate this financial crisis, increasing pressure on the quality and availability of care.

The IPPR has called for urgent action on health and social care funding, recommending an 'NHS tax' to help plug the short-term funding gap while politicians come together to form cross-party solutions.

Key fiscal and service issues reported

The report also shows:

- The proportion of hospitals in deficit has risen from one in 10 to two-thirds since 2012
- 68% of acute hospitals and 71% of foundation trusts are failing to meet the quality standards (being rated as either inadequate or requiring improvement)
- The NHS is failing to meet targets on A&E waits, ambulance response times and cancer treatment
- There has been a 'staggering' 27% decrease in the number of people receiving social care since 2005/06

Reduced spending on social care has led to more deaths says study

By Paul Dinsdale

Reduced spending on health services led to almost 50,000 extra deaths in England from 2010-2014, a study claims.

Published in the *BMJ Open*, the study predicts that cuts to public expenditure on social care could lead to an extra 150,000 deaths between 2015 and 2020.

The majority of the estimated 45,368 extra deaths between 2010 and 2014 were care home and home care residents, with NHS hospitals performing better than expected in the same period.

The researchers acknowledge that while the study cannot prove cause and effect, it found a chronological correlation, with changes in spending followed by changes in mortality.

The study, carried out by medical researchers from universities including Oxford, Cambridge, and UCL, found that the number of deaths in England increased between 2011 and 2014 at an average of 0.87% per year.

They linked this to an annual decrease in spending on adult social care by 1.2% between 2010 and 2014.

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Research scientists have warned of a correlation between cuts to social care services and mortality rates

Lower numbers of nurses and social care support staff has also been associated with increased care home mortality. The study estimated an additional 152,141 deaths could take place from 2015 to 2020 if these trends continued, with up to 100 further deaths per day expected if action is not taken.

The report suggests that approximately £25.3bn is needed to prevent a further increase in mortality rates.

Dr Ben Maruthappu, a UCL research scientist and lead author, said: 'This study demonstrates that despite challenging economic circumstances, the NHS performed well between 2010-2014.

'However, the same cannot be said for social care. While the government's investment into social care earlier this year is welcome, it's clear more must be done, with better modernisation of services, and protection of health and social care funding.'

Patients are told to wait for non-urgent operations

Patients in some areas of England are being told they will have to wait at least three months for a non-urgent operation in order to save money.

NHS clinical commissioning groups (CCGs) in Lincolnshire have been criticised after deciding to introduce minimum waiting times for non-urgent surgery including cataract operations and joint replacements.

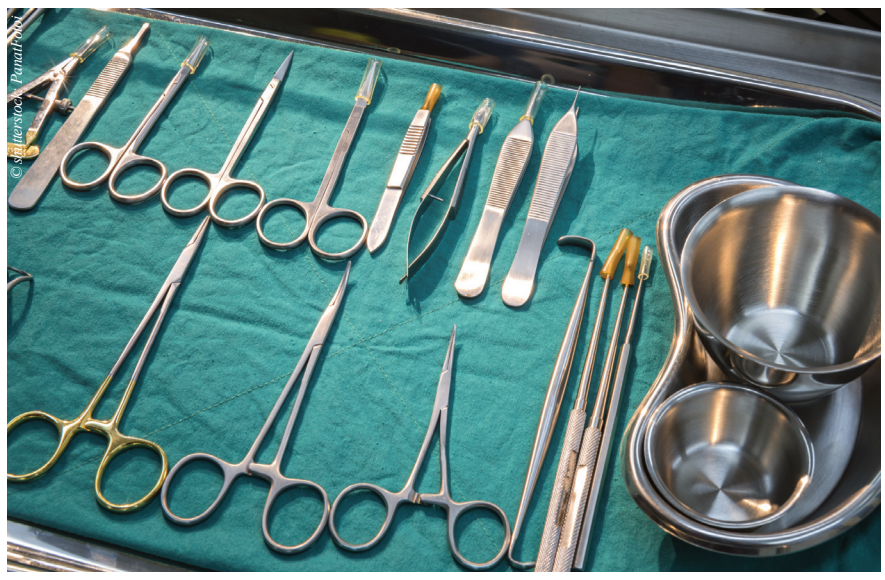
The CCG says the policy is a result of the NHS-wide cash squeeze and it also claims that some patients' conditions clear up while they wait.

Trafford CCG in greater Manchester has confirmed it is also considering bringing in a similar policy.

Liberal Democrat MP Norman Lamb, a former health minister, said the move was 'a shameful indictment of the under-funding of the NHS' that would prove unfair and divisive.

NHS England oversees all 209 CCGs, which between them spend over £60bn of the NHS's £125bn annual budget.

A spokesman said that with health budgets so squeezed, NHS bodies face 'difficult choices' about what they spend their money on. However, patient groups doubt whether it is legal for any CCG to bring in minimum waits for care, given that patients are guaranteed in the NHS constitution that they will be treated as soon as possible.



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Hospitals face 'challenging' winter months, says regulator

The NHS faces an 'extremely challenging' position this winter because hospitals have failed to free up enough beds, the health service regulator has warned.

Hospitals are missing key waiting time targets and overspending because wards remain so full they cannot admit new patients, says NHS Improvement (NHSI).

As a result, this winter is likely to prove 'difficult' for hospitals, in what was taken as a warning about the ability of the NHS to cope with increased illness at its busiest time of the year.

In an update on how the NHS in England performed between July and September, NHSI said hospitals did not succeed in freeing-up the target of 2,000-3,000 beds by September, which would have helped them cope with the extra winter demand.

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NHS leaders and the health secretary Jeremy Hunt, told hospitals in the spring that they needed to reduce the number of beds occupied due to 'delayed transfers of care' – patients who are fit to leave but cannot safely be discharged – to 3.5% of their total number by September. But 5% of beds are still occupied with such cases, NHSI said.

'Although there has been some success in reducing the number of delayed discharges from hospital beds, over the second quarter of the year there were around 168,000 delayed discharges, accounting for 5% of NHS beds,' said an NHSI spokesman. A lack of social care was a key reason for the target being missed, he said.

Social care spending is up in real

Latest figures showing a 3.3% rise in spending by local authorities on social care, mask growing cost pressures that have soaked up the extra cash

Annual spending by local authorities on social care rose by £556m in 2016/17 to £17.5bn, new figures show. There is also the additional impact on the figures are a 3.3% increase in cash terms and a 1.0% increase in real terms. It is the first time social care expenditure has risen in real terms since 2009/10.

In 2016/17, local authorities were able to raise the council tax precept by 2% for the first time in order to fund adult social care, raising an additional £382m.

The Adult Social Care Activity and Finance Report published by NHS Digital shows that, while expenditure has risen, there has been minimal change in activity, which may be linked to the increasing costs in the provision of care.

Some 1.8 million requests for support from new clients were received by councils in 2016/17, an increase of 0.2% on the previous year.

Nine in 1,000 people aged 18 to 64, and 58 in 1,000 people aged 65 and above, received long-term support provided or arranged by their council in 2016/17. The number of service users receiving long-term care over the year decreased slightly year-on-year by 4,000 to 868,000.

The total number of completed episodes of short-term care to maximise independence was 242,000, a decrease of 2.1% from the 2015/16 total of 247,000.

Some councils provided comments regarding the change in expenditure for their councils, citing factors including the introduction of the National Living Wage on 1 April, 2016, and an increase of support for complex needs.

The average costs of care per week for residential and nursing care have risen in 2016/17:

- The cost of residential care for a person aged 65 and over was £565 a week in 2016/17, rising from £549 in 2015/16
- The cost of nursing care for the same age band increased to £606 a week from £563
- For those aged 18 to 64, the numbers receiving residential or nursing care in the year are much smaller than the 65 and over age group, but a similar year-on-year effect can be seen with costs for nursing care rising to £911 in 2016/17 from £871 the previous year, and residential care increasing to £1,236 from £1,205.

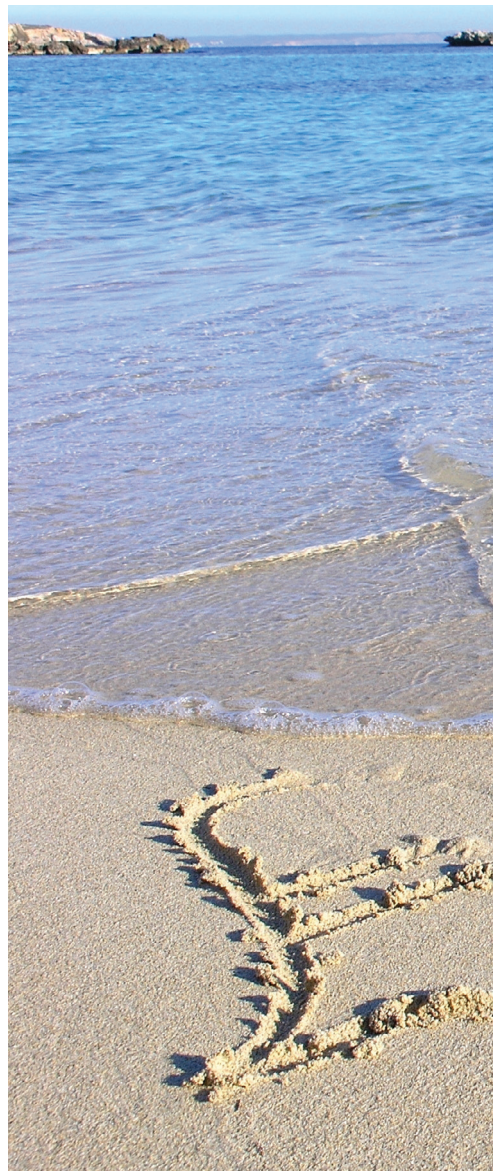
There is a large amount of variation in year-on-year spending among councils. Ten councils reported cash terms increases of over 10%, four of which reported increases of over 20%. In comparison, 42 out of 151 councils reported a decrease in expenditure compared with 2015/16.

Also being published by NHS Digital is *Adult Social Care Outcomes Framework* (ASCOF). Findings of this report include:

- The proportion of adults with a learning disability in paid employment has fallen each year over the last three years from 6.0% in 2014/15 to 5.8% in 2015/16 and then 5.7% in 2016/17.
- The proportion of adults with learning disabilities in paid employment varies across English regions. London (7.2%) and Eastern (7.1%) have the highest proportion, while the North West, the East Midlands and the West Midlands have the lowest at 4.2%.

In 2016-17:

- Gross current expenditure on adult social care by local authorities was £17.5bn. This represents an increase of £556m from the previous year; a 3% increase in cash terms; and a 1% increase in real terms
- The area of care that saw the largest increase in expenditure was long-term support, which increased by £539m to £13.6bn in 2016-17, an increase in cash terms of 4%
- 1.8 million requests for adult social care support, from new clients, from which an outcome was determined in the year, were received by local authorities in 2016-17. This is equivalent to almost 5,000 requests for support received per day by local authorities
- Nine in 1,000 18-64 year-olds received long-term support between 1 April 2016 and 31 March 2017, while 58 in 1,000 adults aged 65 and over received long-term support in the same period
- Although, in general, spending on adult social care services by local authorities has increased, spending on short-term care has remained about the same as in 2015-16, increasing by 1%.



The NHS workforce in numbers

What are the facts and figures on staffing and staff shortages in the NHS in England? Recent figures released by the Nuffield Trust reveal the costs of filling the gaps with agency staff

The NHS employs 1.7 million people across the UK. It is the country's biggest employer and ranks at number five globally. Of that 1.7 million people, some 1.2 million are employed by England's NHS. Despite the huge scale of its labour force, it is increasingly apparent that the NHS in England is short of staff.

The NHS is heavily reliant on professional staff with high-level clinical skills that take many years to acquire. There are around 140,000 doctors (around 11% of the total) and around 300,000 nurses and midwives (around 25%), as well as less well-known disciplines such as healthcare scientists, physiotherapists and occupational therapists.

The National Audit Office (NAO) found there were about 50,000 vacancies across all types of clinical staff in 2014. It estimated that there was a shortfall of 5.9% between the number of staff that NHS organisations said they needed (and had budgeted for) and the number of staff actually in post.

The NAO report drew on figures from 2014 and was the last study to look across all NHS staff, but more recent data suggests the position has worsened. For example, recent work by the Royal College of Nursing indicates that vacancies for nurses alone had risen to around 40,000 by December 2016.

There are staff shortages across the whole of the NHS in England and some particular pressure points in areas where the workforce needs to expand rather than contract. The aspiration to move services out of hospital to provide care closer to home, and to offer new models of care delivery, depend on an expanding and thriving primary and community care workforce.

Figures published by the Nursing and Midwifery Council in July 2017 show that more nurses and midwives left the professional register in the previous year than joined it. Both the nursing and midwifery professions have an ageing demographic. More than half of nurses are older than 45, with a third aged between 45 and 54 and 13.6% between 55 and 64.

In midwifery, the position is even starker, with a third of midwives already over 50 and eligible

terms for the first time since 2009

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While spending by local authorities on social care may be up overall, the reality is that this varies council to council and rising costs for many essential services are soaking up any extra money allocated

The real costs of residential care

Independent Age, the older people's charity, has analysed a range of expenditures that most people would face in their lifetimes to look at how the cost of care compares. These costs include:

- The cost of the average length of stay in a residential care home is the equivalent of around 26 years' worth of annual holidays for a family of four
- The average cost of a wedding is less than one-fifth of the cost of an average residential care home stay
- The average first-time buyer's deposit is roughly the same as the average cost of one year in a residential care home

The new analysis is to launch Independent Age's new, free advice guide, *Paying for your care: Funding your own care at home or in a care home*, which provides practical information to help older people and their families who need to pay for their own care understand the process.

The average house deposit would only cover one year of residential care

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According to the Nursing and Midwifery Council, increasing numbers of NHS staff are leaving both professions

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to consider retirement at 55. The Royal College of Midwives estimates there is a 3,500 shortfall in the midwifery workforce in England. However, pressures are not limited to older age groups: the net reduction includes a growing number in their mid-forties. Apart from retirement, the most common reasons for leaving the register were dissatisfaction with working conditions and an inability to deliver care of the right standard.

The number of hospital medical staff has grown substantially from 87,000 in 2004 to 113,500 in March 2017. Within that figure, the number of hospital consultants has risen by more than half – up from 30,650 in 2004 to 47,816 in March 2017. Nevertheless, hospitals are experiencing difficulties with medical staffing in a number of specialties and locations.

The Royal College of Physicians reported in March 2017 that 84% of their members were experiencing staffing shortages across the team, with rota gaps occurring on a regular or frequent basis.

Compounding the problem, fewer junior doctors are now choosing to move straight into specialist training after their first two years' foundation training.

Should we have a healthcare communication checklist?

Is it time to introduce a communication checklist for use in hospitals and GP surgeries? **Mark Fletcher-Brown**, a public sector communications adviser, offers some thoughts on what items it might contain

To prevent potential disasters emerging from poor communication and rigid on-board hierarchies, the airline industry relies upon checklists. These govern everything required to ensure safe flying and can help staff build strong relationships that will assist them when things go wrong.

This approach was advanced for medical practice by Atul Gawande in his excellent book, *The Checklist Manifesto*.

Checklists can help ensure that hierarchies and power relationships don't blind medical practitioners to doing everything that needs to be done to keep patients safe in the operating theatre. They keep patients safe because in high-pressured environments even the slightest omission can prove fatal.

But is it time to introduce a communication checklist for hospitals and GP surgeries?

Poor communication could be causing unnecessary patient deaths. In one study, quoted in a McGill Journal of Medicine article, *An Examination of the Factors Contributing to Poor Communication Outside the Physician-Patient Sphere,* it was found that poor communication was one of the leading causes of preventable deaths in hospitals, and could have been responsible for between 44,000 and 98,000 deaths in US hospitals annually in the 1990s.

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But poor communication can also exacerbate anxiety and, in turn, put increased pressure on medical staff as tempers fray and blood pressure soars.

Introducing a communication checklist would need to involve one key proviso: that it wouldn't create any additional financial pressures.

So, what might be on a cost-neutral communication checklist? Here are some suggestions.

First, build on the excellent 'my name is' campaign – https://hellomynameis.org.uk – where staff introduce themselves to patients by asking them three further questions: 'What would you like me to call you? How are you feeling today? Is there anything I can do to help you feel more relaxed?' These would be designed to build relationships and help reduce stress.

Second, understand and manage patient expectations to reduce anxiety. Set out what will happen next. Of course, exact times will be out of the question – even where patients have appointments – but explaining the sequence of events gives patients a glimpse into the workings of the machine. You might even display this sequence on a prominent wall so that patients are reminded which stage of the process they are in.

Third, ensure patients have something to read – or something that might distract or entertain them. Inevitably, especially at this time, patients will spend a lot of time waiting, which can heighten any anxiety they may be experiencing. Avoid popular magazines filled to brim with health scare stories.

Airlines don't show plane-crash films on planes for a reason. Encourage staff and patients to bring in books they have read and no longer need. Or, when writing to patients ahead of appointments, remind them to bring something to read with them in case they have to wait.

Fourth, if there are posters on the wall, ensure they have been tested with patient groups first. You will want to ensure they deliver the outcomes they are designed to achieve: to change behaviour, attitude or build awareness. And, most importantly, that they can be read from a distance.

Posters with multiple logos on them – which no doubt appeal to the sponsoring organisations – can simply clutter the artwork and obscure the message. But if posters appear to heighten patients' anxiety, take them down.

Fifth, think about ambience – music can be soothing. It is no accident that supermarkets deploy sound to encourage us to buy. It affects our mindset and makes us more likely to fill our trolleys. Similarly, softer lights in waiting areas can help relax stressed people.

Of course, in a medical setting, lights will need to be bright.

Sixth, ensure all medical terminology is always accompanied by a description in layman's terms. It might be possible to produce a glossary of terms that could be available in waiting rooms, so that patients can understand what is being said to them when hard-pressed healthcare staff lapse into Latin.

Seven, ensure all healthcare staff are trained in micro-communication and therefore aware of the impact that gestures, tone of voice, passing remarks, smiles and likability can have on the messages read by anxious patients.

Anxious flyers, for example, know this only too well, studying the faces of flight crew closely as the 'fasten your seat belts' sign comes on in turbulent conditions.

Given too much time and too much anxiety, we will all be inclined to read between the lines and ask, 'What are they not telling me?'

Finally, always ask: 'How could we have improved your visit here today?' Use the results to improve the experience for future patients and share your findings with other healthcare trusts.

Using the evidence of the positive impact of communication interventions on healthcare, you will be able to refine and share your findings. Before you know it, you'll have a healthcare communication checklist.

Asking the right questions and making the right gestures can have a positive impact on patients' wellbeing