

Rising Pressure: The NHS Workforce

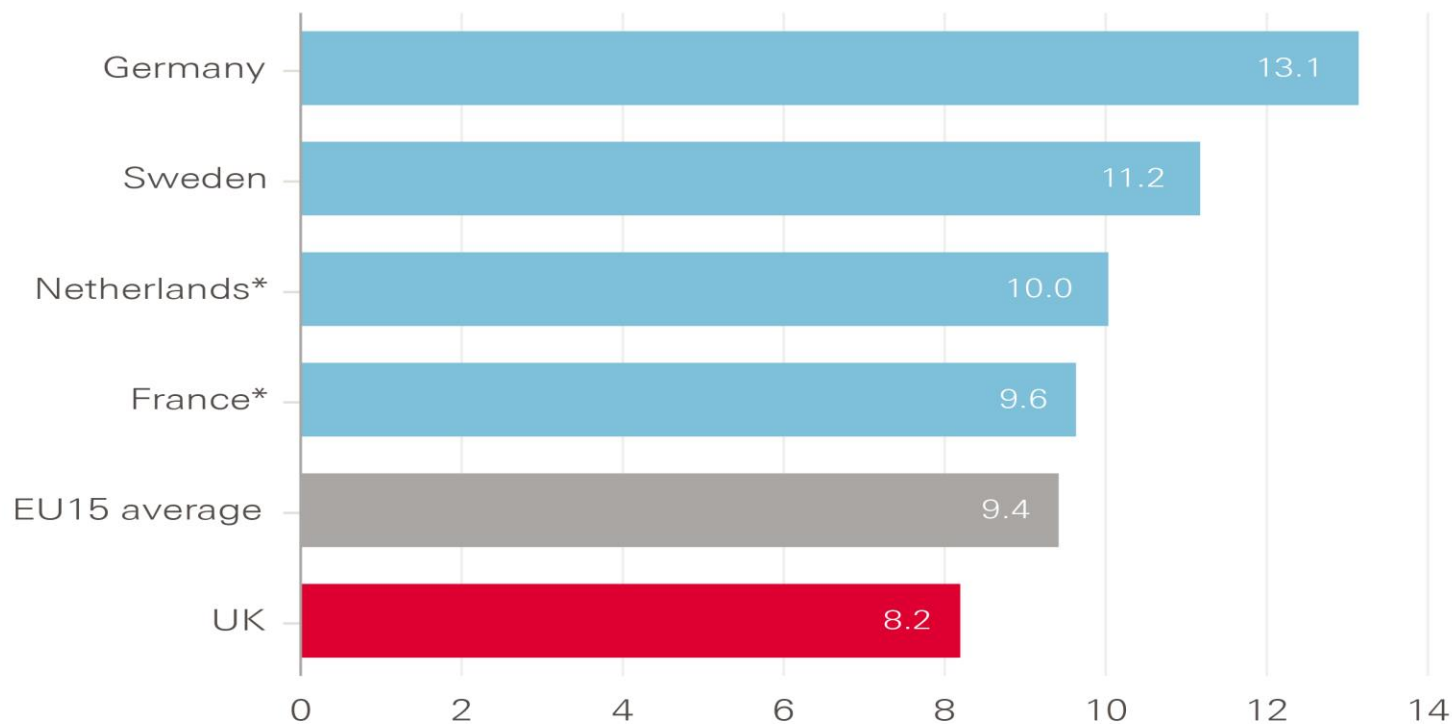
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May 2018



Nurse staffing levels

Number of nurses per 1,000 people, 2014 or nearest year

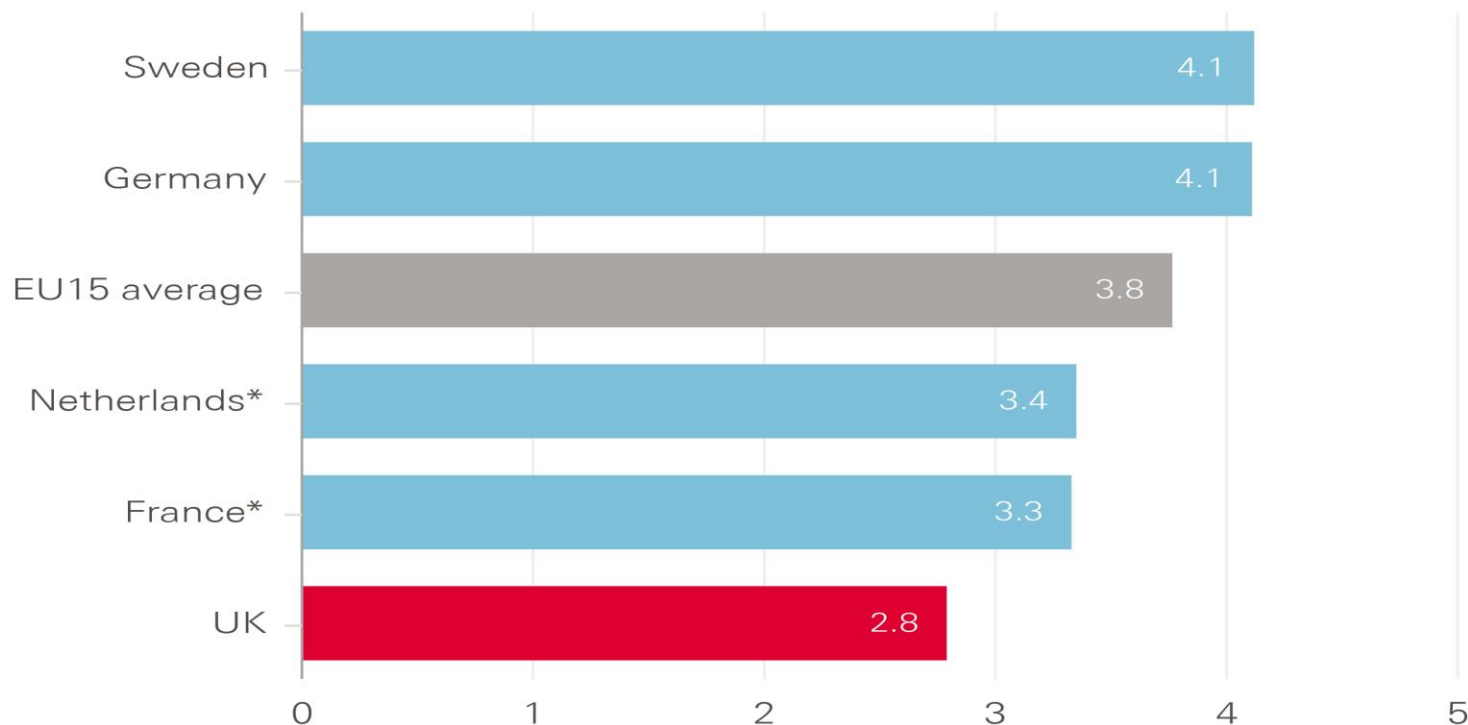


Note: *Professionally active staff. Includes practising staff plus others working in the health sector (adding another 5–10% of staff)



Doctor staffing levels

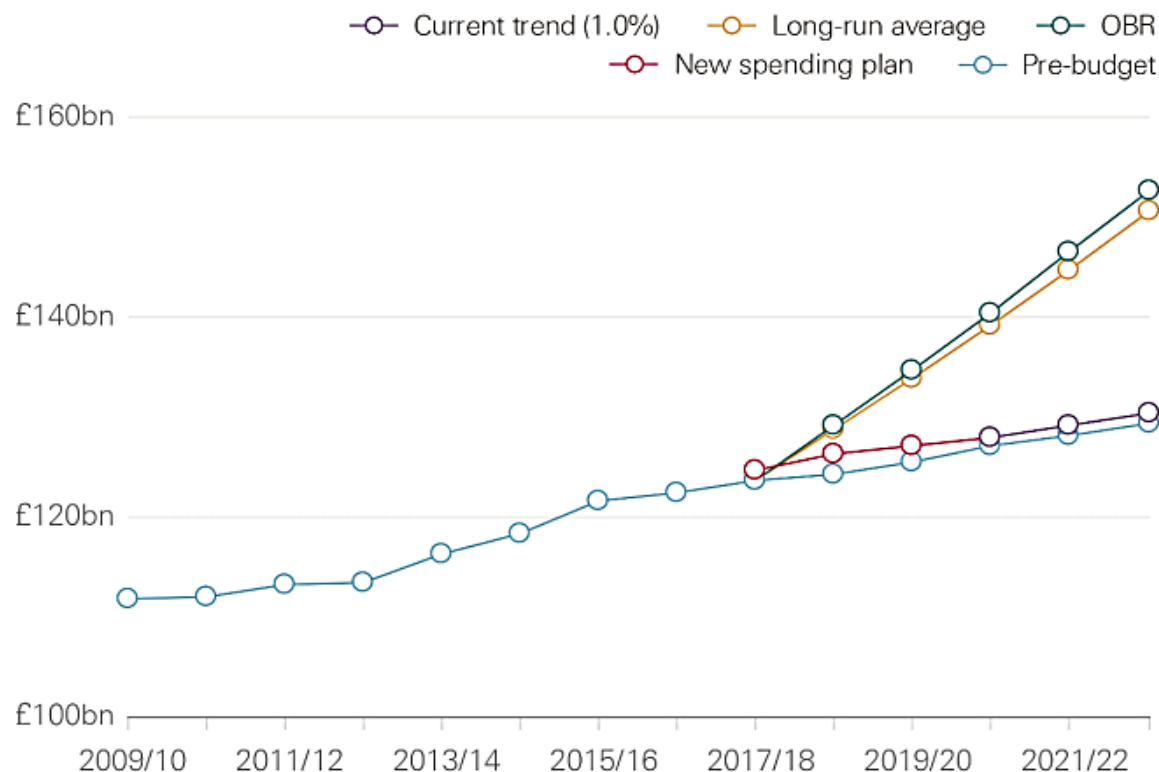
Number of doctors per 1,000 people, 2014 or nearest year



Note: *Professionally active staff. Includes practising staff plus others working in the health sector (adding another 5–10% of staff)



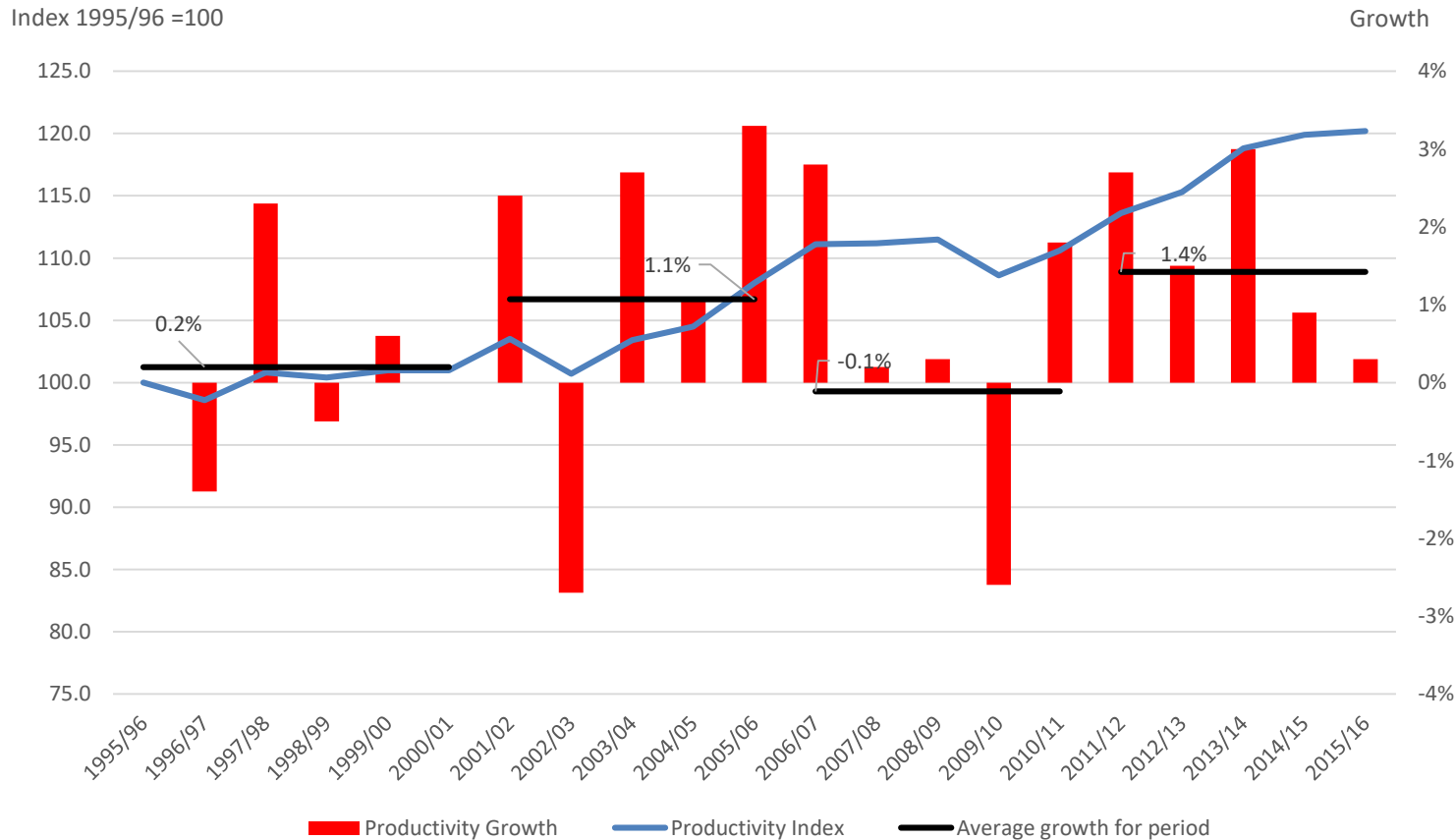
Health spending in England – projections for this Parliament (in 2017/18 prices)



Note: 'OBR' line shows how much would be spent on health in England if spending rose in line with projections by the Office for Budget Responsibility. 'Long run average' shows how much would be spent on health if spending returned to the historical average of 4% a year.

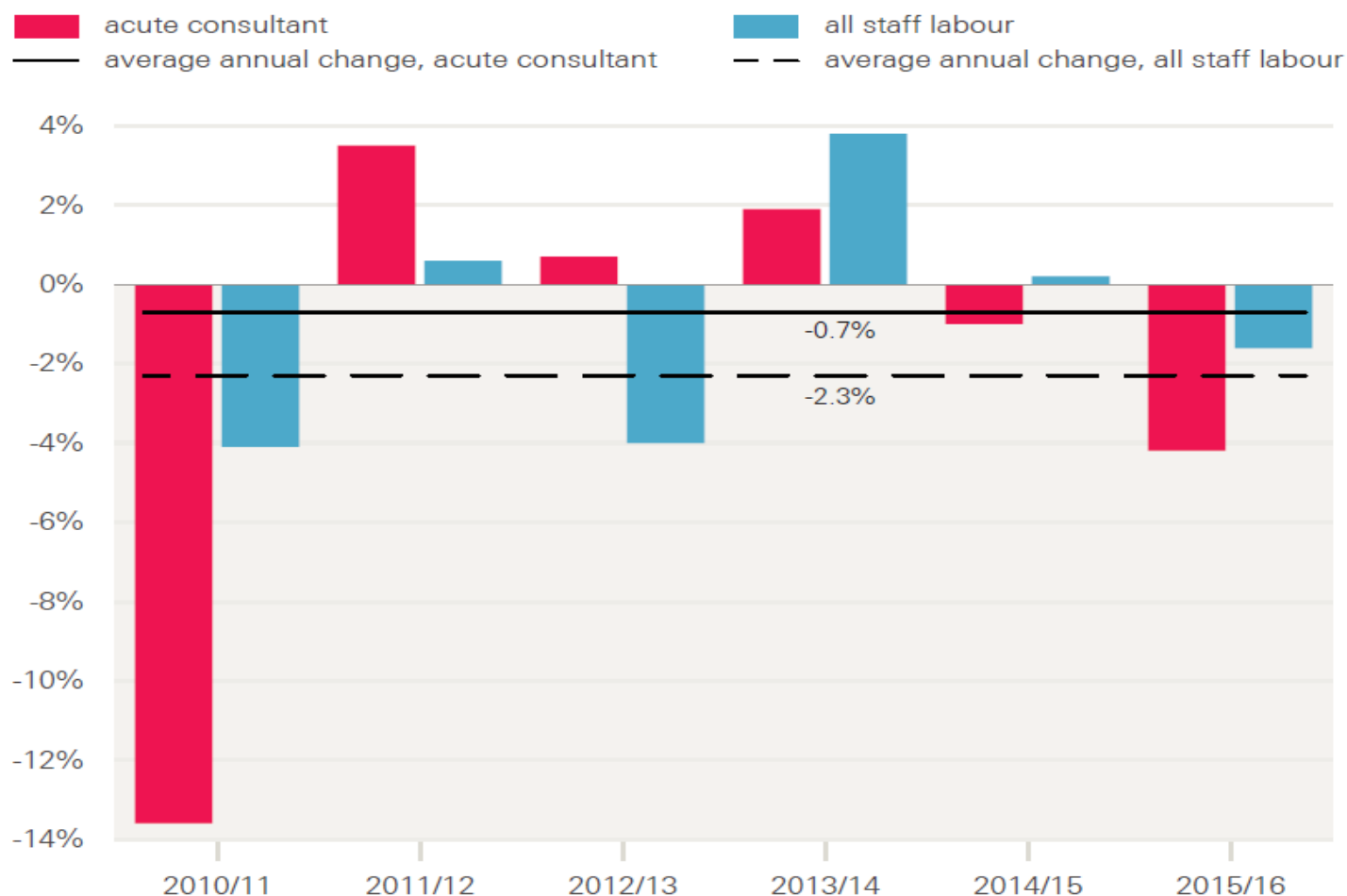
Source: Nuffield Trust analysis of multiple sources; Department of Health annual report and accounts 2016/17; Autumn Budget 2017.

Public Service Healthcare Productivity Index and Growth Rate, England, Financial Years, 1995-96 to 2015-16, 20 Year Average: 0.92%



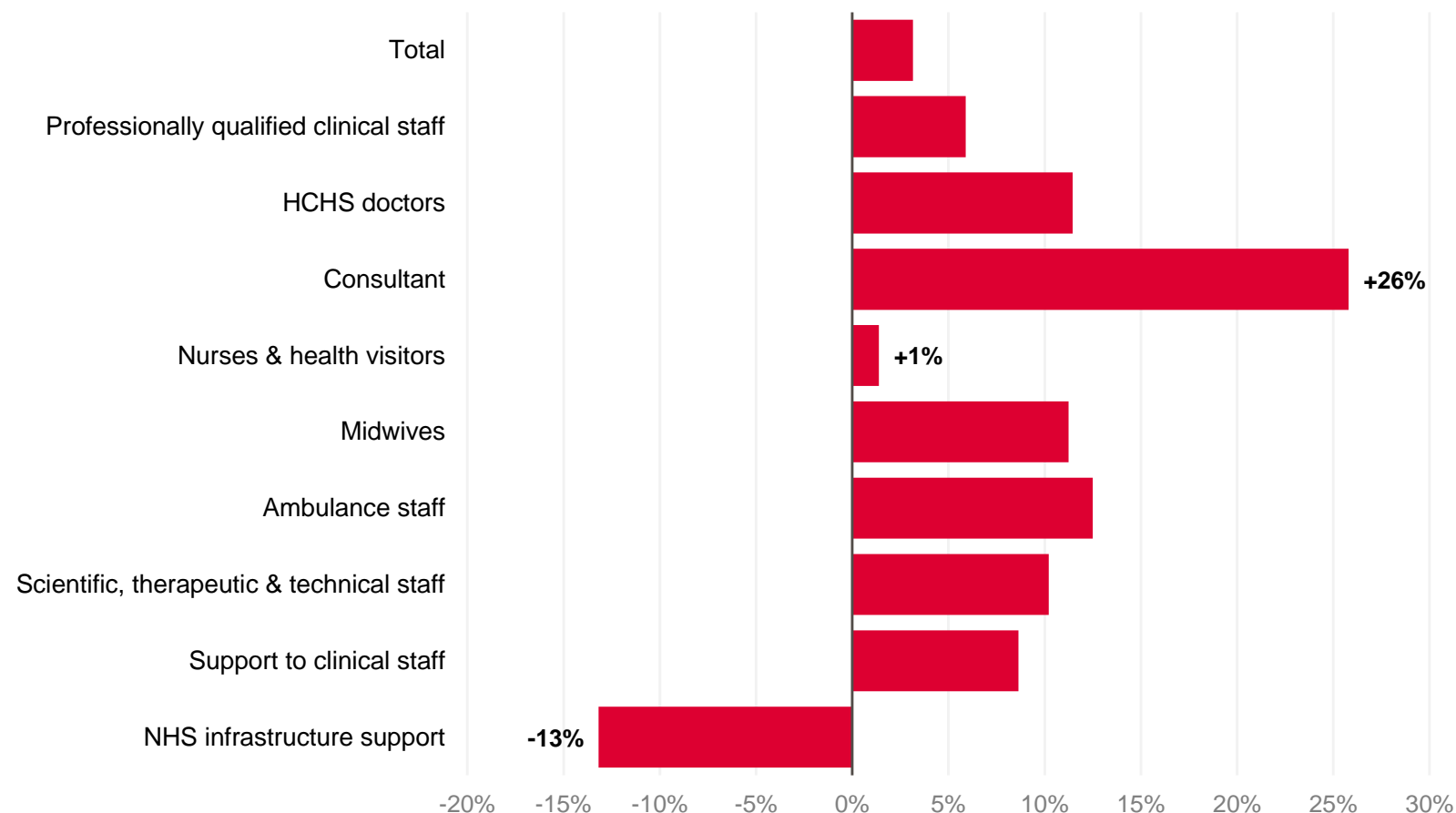
Source: Office for National Statistics

Annual change in consultant and all staff labour productivity in 150 NHS hospitals, 2009/10–2015/16 (%)

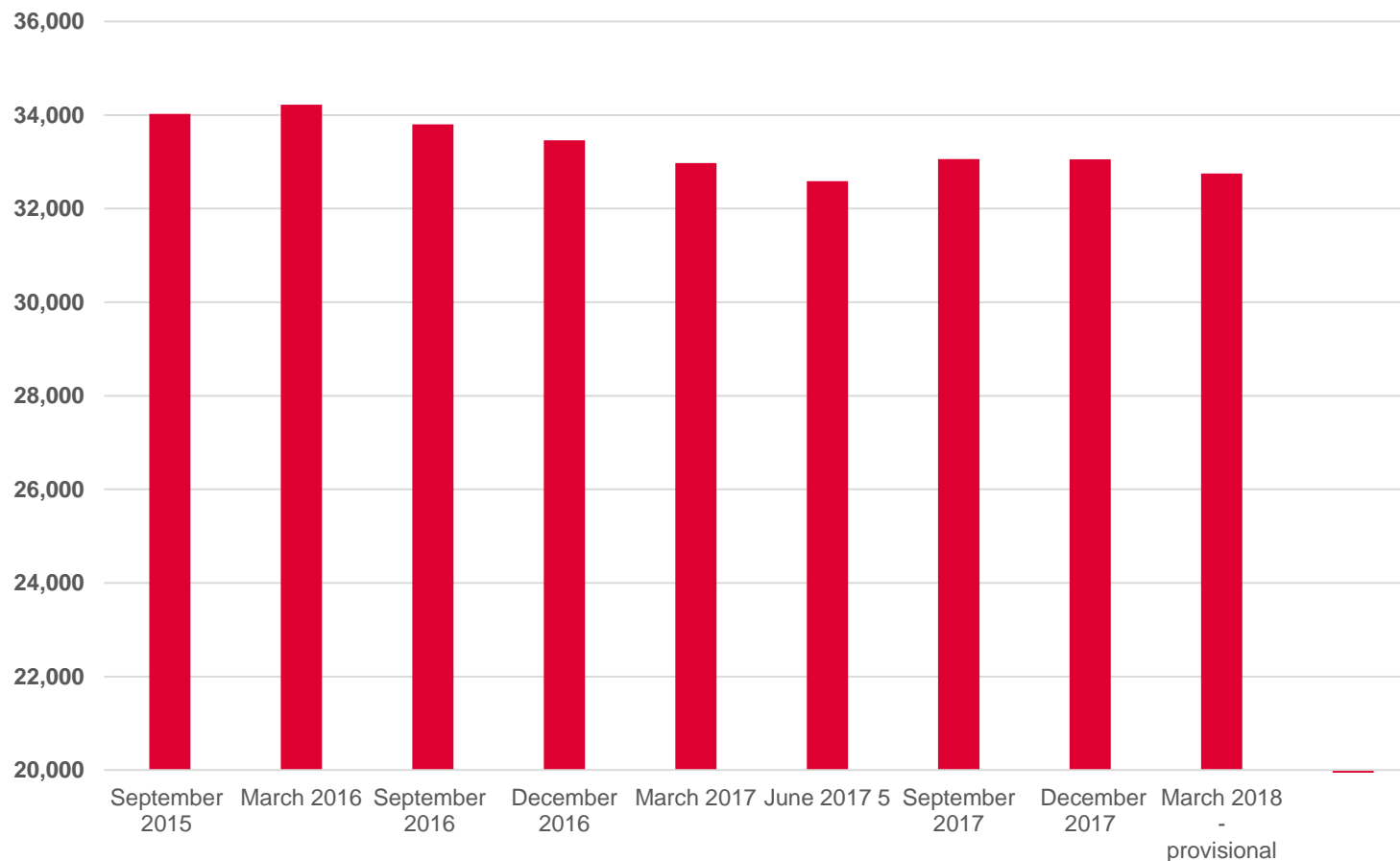


Source: Health Foundation analysis.

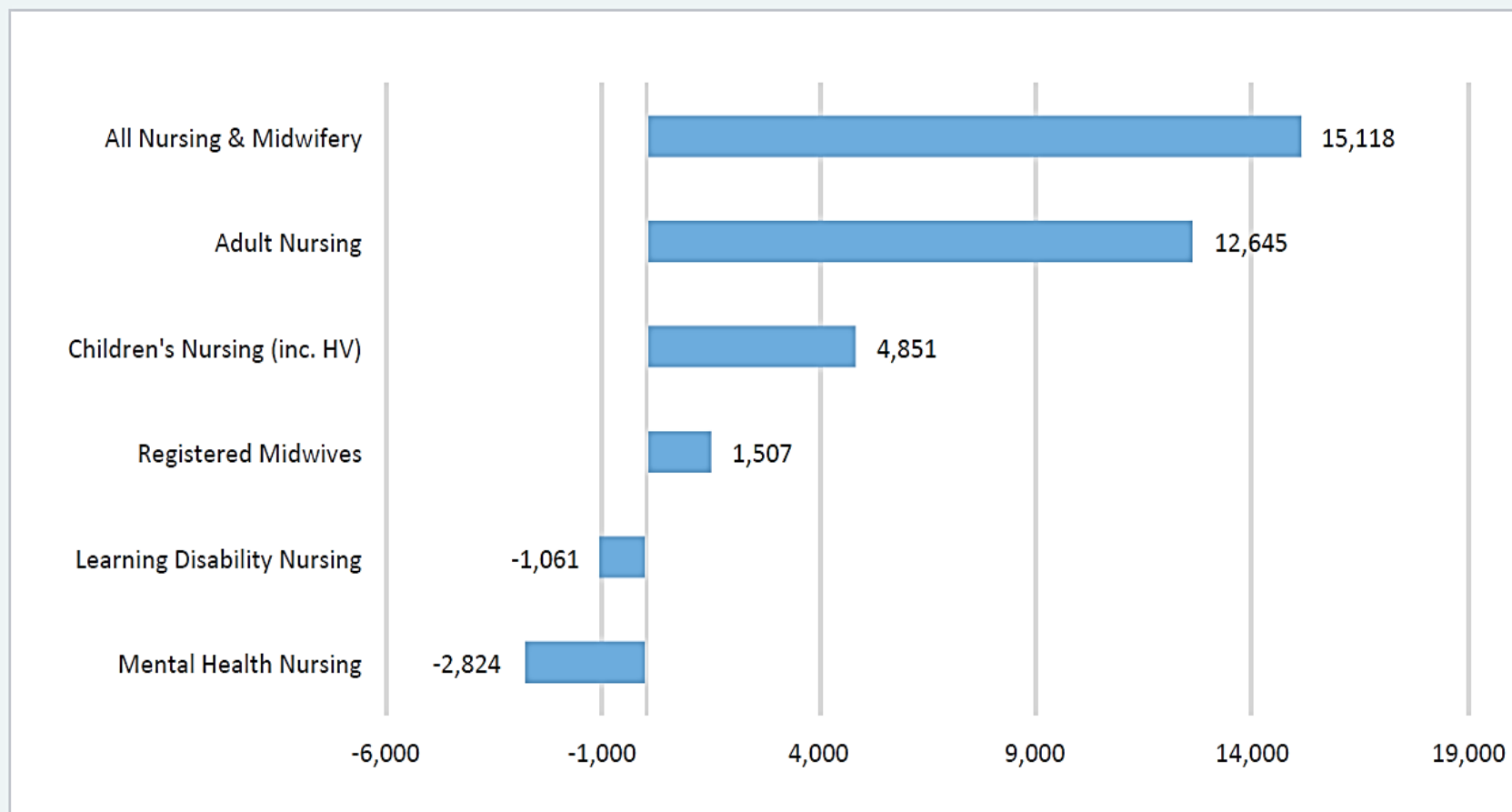
Change in numbers of full-time equivalent staff in the NHS in England (%), April 2010–April 2017



FTE General Practitioners (excluding Locums)



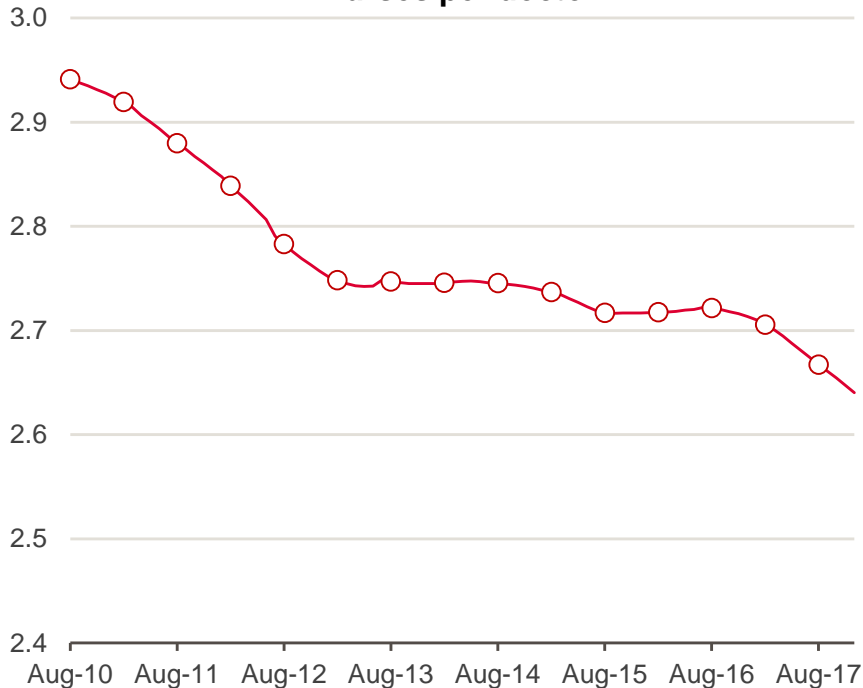
Growth/Reduction in NHS Employed Nursing and Midwifery by specialist area 2012 to 2017



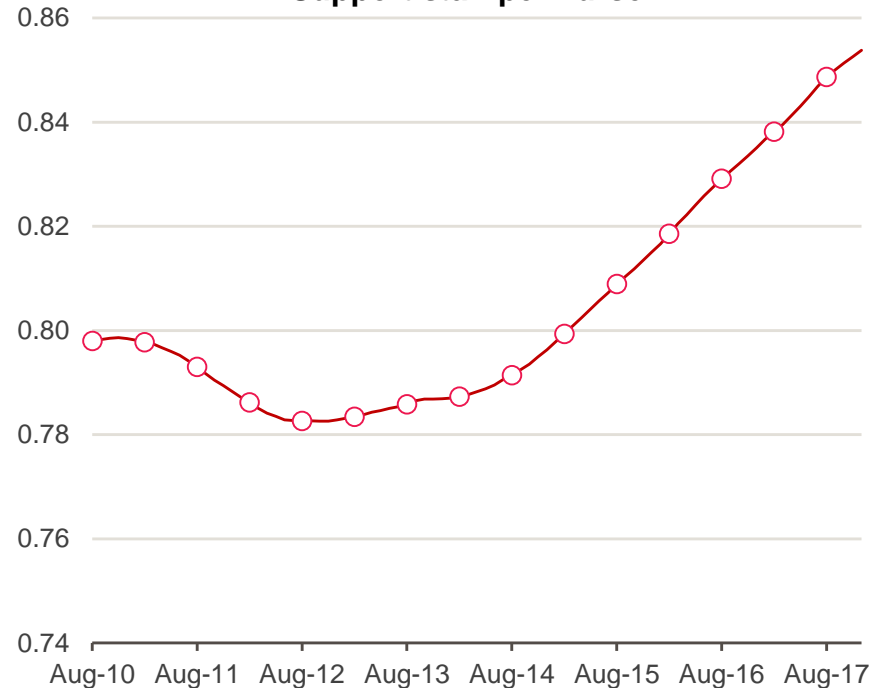
Source: HEE analysis of ESR data

Number of FTE nurses, doctors, and support staff – 12 month rolling average

Nurses per doctor



Support staff per nurse



What makes for a productive consultant?

There are eight factors that affect how productive a hospital's consultants are, according to modelling work by the Health Foundation. It examined data on consultants' activity across 150 acute trusts (including teaching and specialist hospitals). The activity measured included emergency, inpatient, and outpatient care.

Of the 15 different factors that the foundation considered, the eight shown below had a statistically significant impact on the measure of productivity it used (at a 95% confidence level)*.

1% more of workforce are nurses



Higher impact

> 0.20%

1% higher NHS wages



Medium impact

0.05–0.20%

1% fewer DToCs



Lower impact

< 0.05%

Input to Health Foundation model

Resulting increase in consultant productivity



Skill mix

1 Percentage of nurses

Hospitals with a higher proportion of nurses within their total workforce had more productive consultants.

1% more of workforce are nurses



2 Percentage of support staff

Hospitals with a higher number of support staff within their total workforce also had more productive consultants, although the impact was smaller.

1% more of workforce are support staff



Regional variation

3 Higher wages

Hospitals in areas where the NHS wage is higher than the regional average had higher consultant productivity.

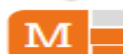
1% higher NHS wages



4 Urban location

Hospitals in more urban areas had higher consultant productivity. This may be due to a larger throughput of people needing services.

1 point on 5-point scale

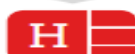


Hospital Characteristics

5 Greater specialisation

More specialised hospitals had more productive consultants. This is measured using a specialisation index, which compares the proportions of case types in a hospital with the national average.

1% more specialisation



7 More private finance

A very small increase in productivity is seen in hospitals that have a higher proportion of their total cost accounted by PFIs (private finance initiatives). Greater capital investment may be associated with greater efficiency.

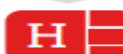
1% more of total cost is PFI



6 Not in a teaching hospital

Teaching is not included in the measure of consultant productivity used, so consultants in teaching hospitals appear to be less "productive".

No teaching vs teaching hospital



8 Fewer delayed transfers

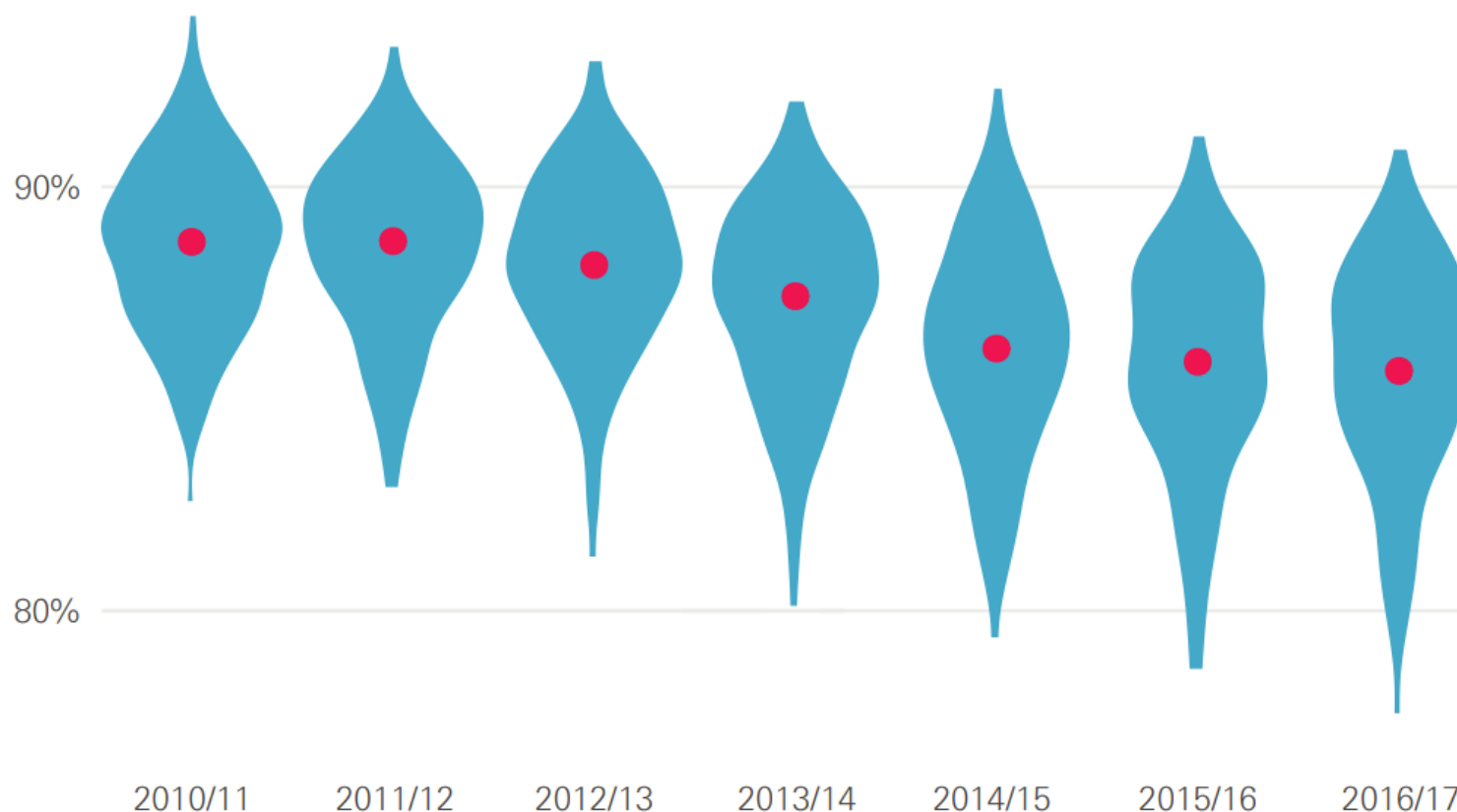
Consultants working in hospitals with a lower number of DToCs (delayed transfer of care) are slightly more productive.

1% fewer DToCs



* Most of these factors will be subject to diminishing returns. For example, taken to an extreme, as the proportion of nurses approached 100%, the number of consultants would be vanishingly small, and productivity would begin to decrease. Further analysis would be required to determine the thresholds for improvements.

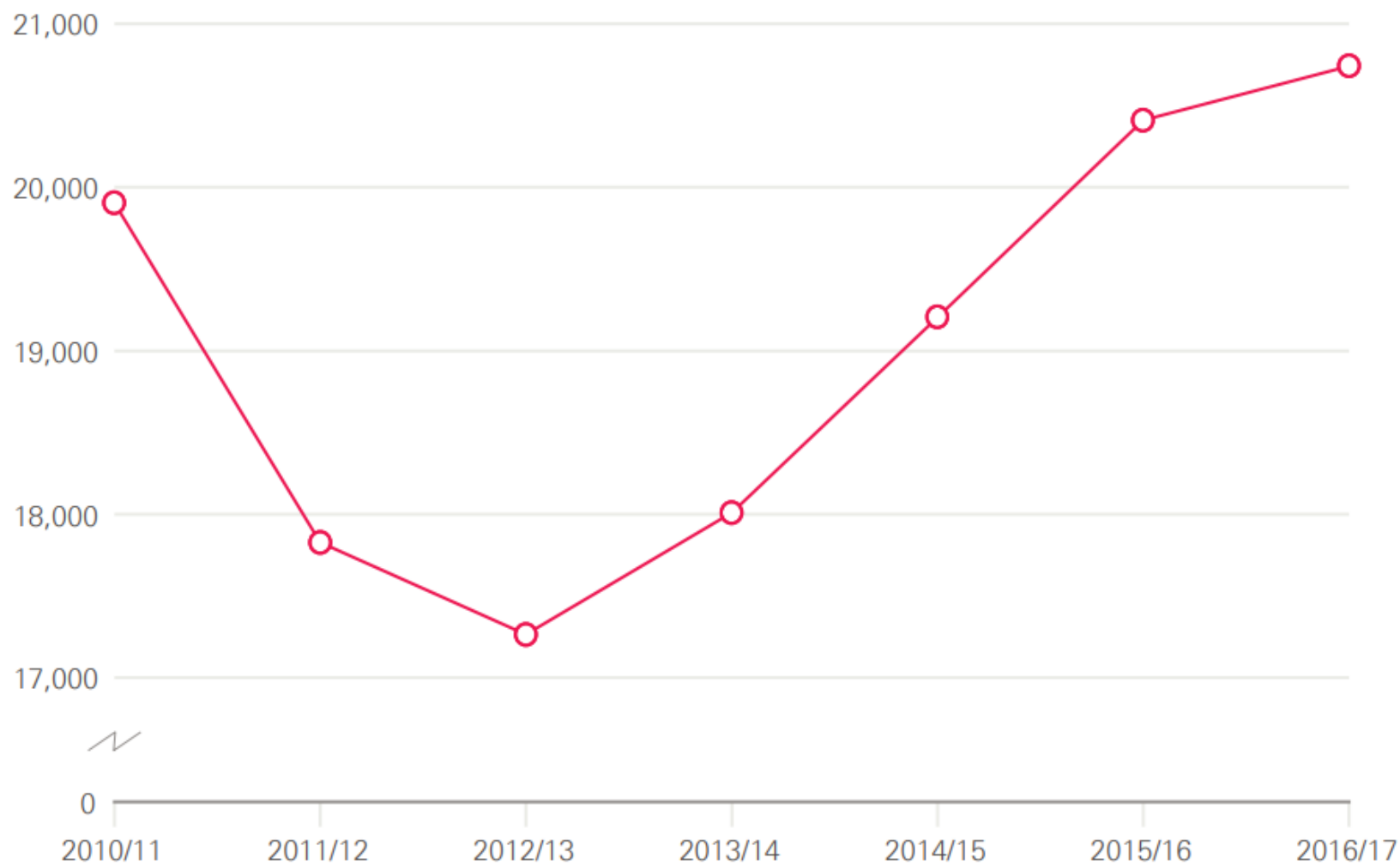
Change in workforce stability of trusts in England, 2010/11–2016/17



Note: Width indicates number of trusts, dots indicate median. Data from 210 trusts; a small number of outliers removed from graphic. Doctors in training excluded.

Source: NHS Digital, Provisional NHS HCHS monthly workforce statistics, bespoke extract.

Total nurse training places in England



Nursing supply and demand 2016-2021



Source: NHS Health Education England

Why do nurses leave the profession, other than retirement?

Working conditions (eg. staffing levels, workload)

44%

A change in personal
circumstances
(eg. ill-health,
child care responsibilities)

28%

Disillusionment with
the quality of care
provided to patients

27%

Concerns about being
able to meet revalidation
requirements

26%

Leaving
the UK

18%

Poor pay and
benefits

16%

Nurses who left the profession
but then decided to return:

Top reason for
initially leaving:

Lack of flexibility

Other reasons:

**Ongoing education and
training opportunities****Pay****Pressure of work**

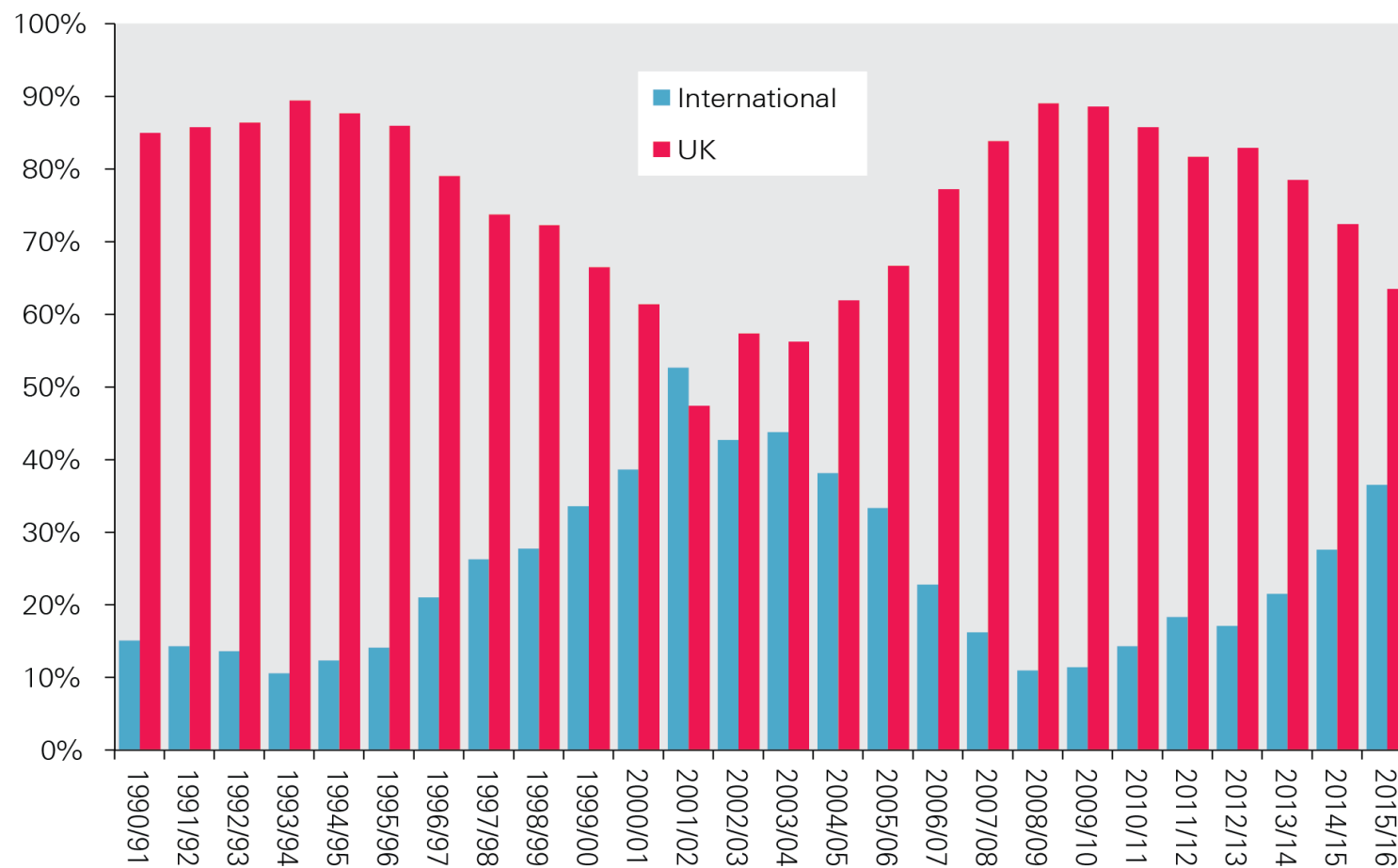
Source: The NMC survey of people who
had left the register between June 2016 and May 2017.

Total number of respondent: **4,544**

Of these, **2,240** did not cite retirement as a reason for leaving.
For this group, these are the top reasons for leaving.

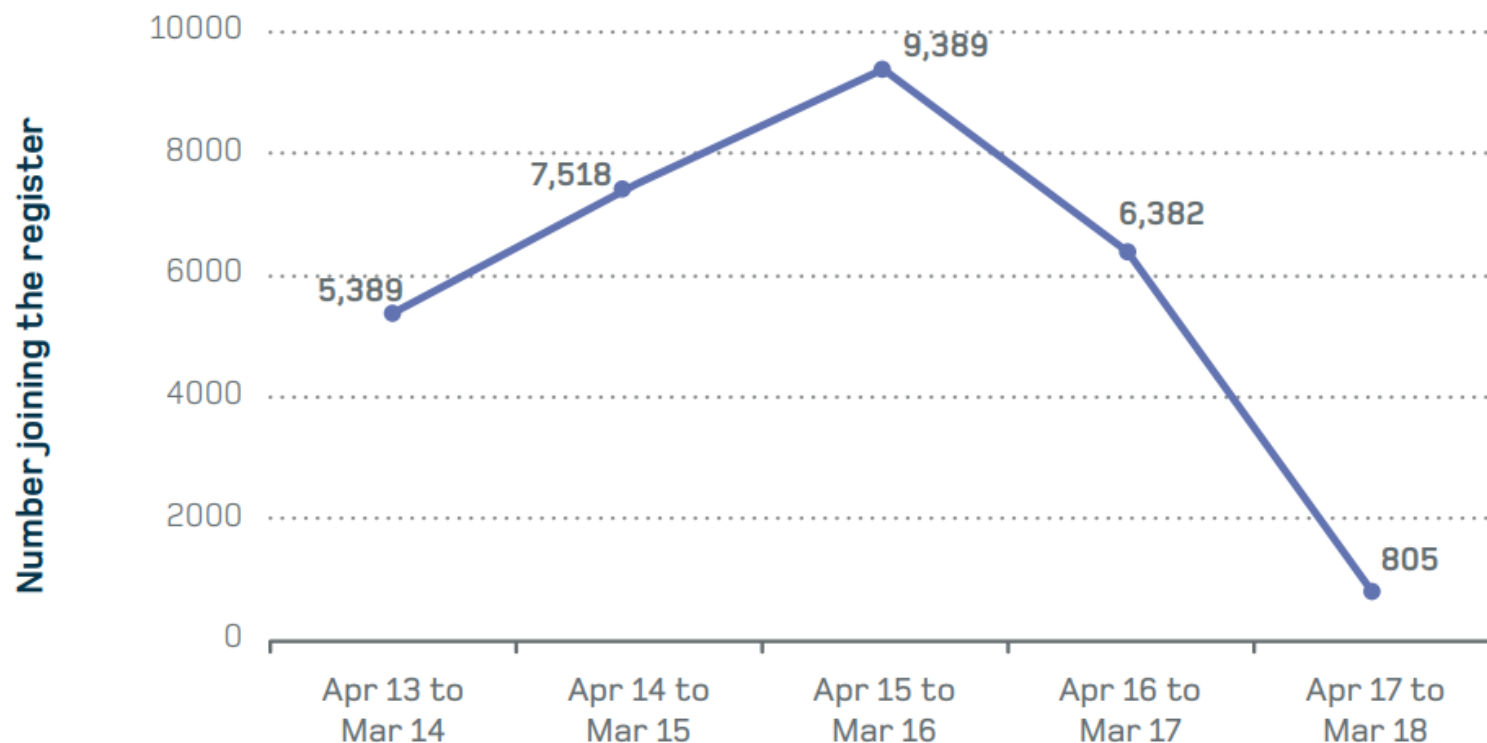
Source: Health Education
England – oral evidence

% of people joining the UK nursing register by source of qualification

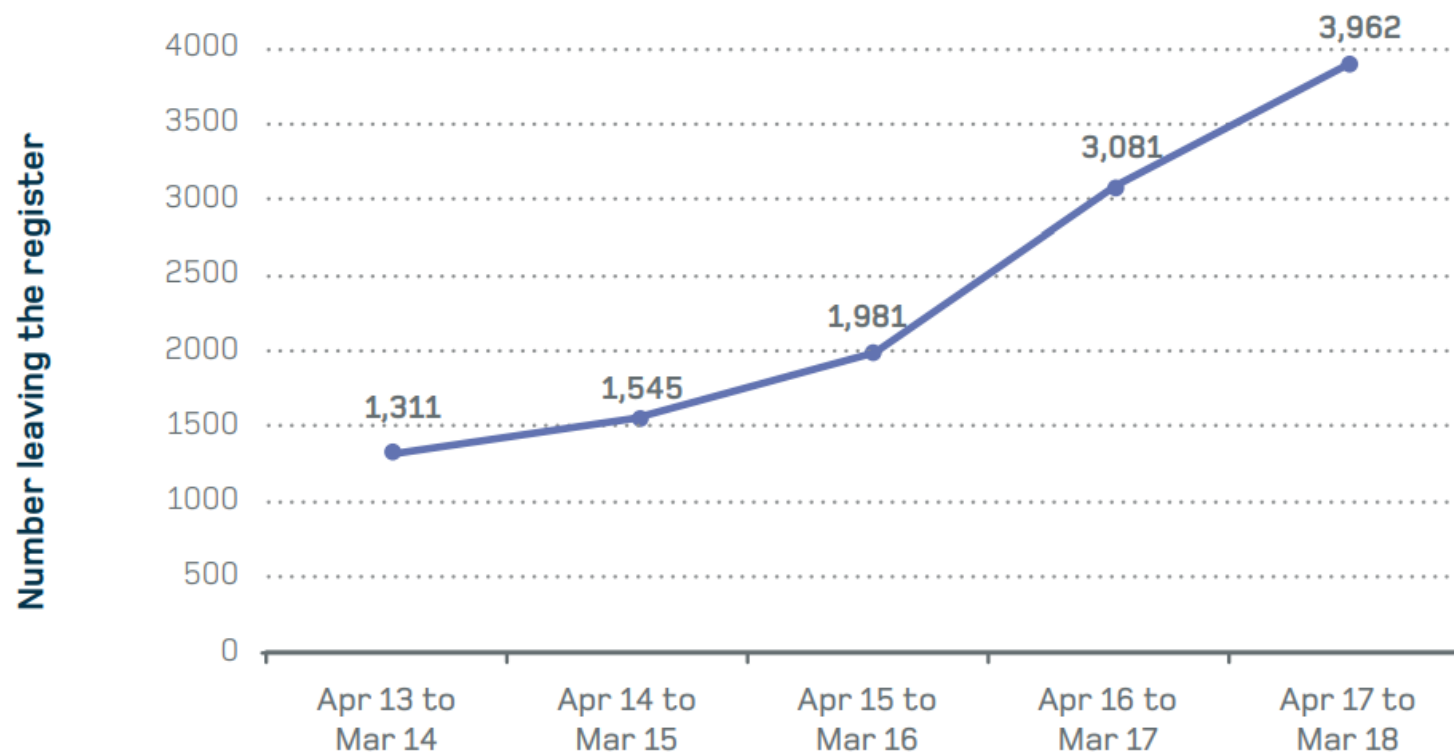


Source: UKCC/NMC data, the authors.

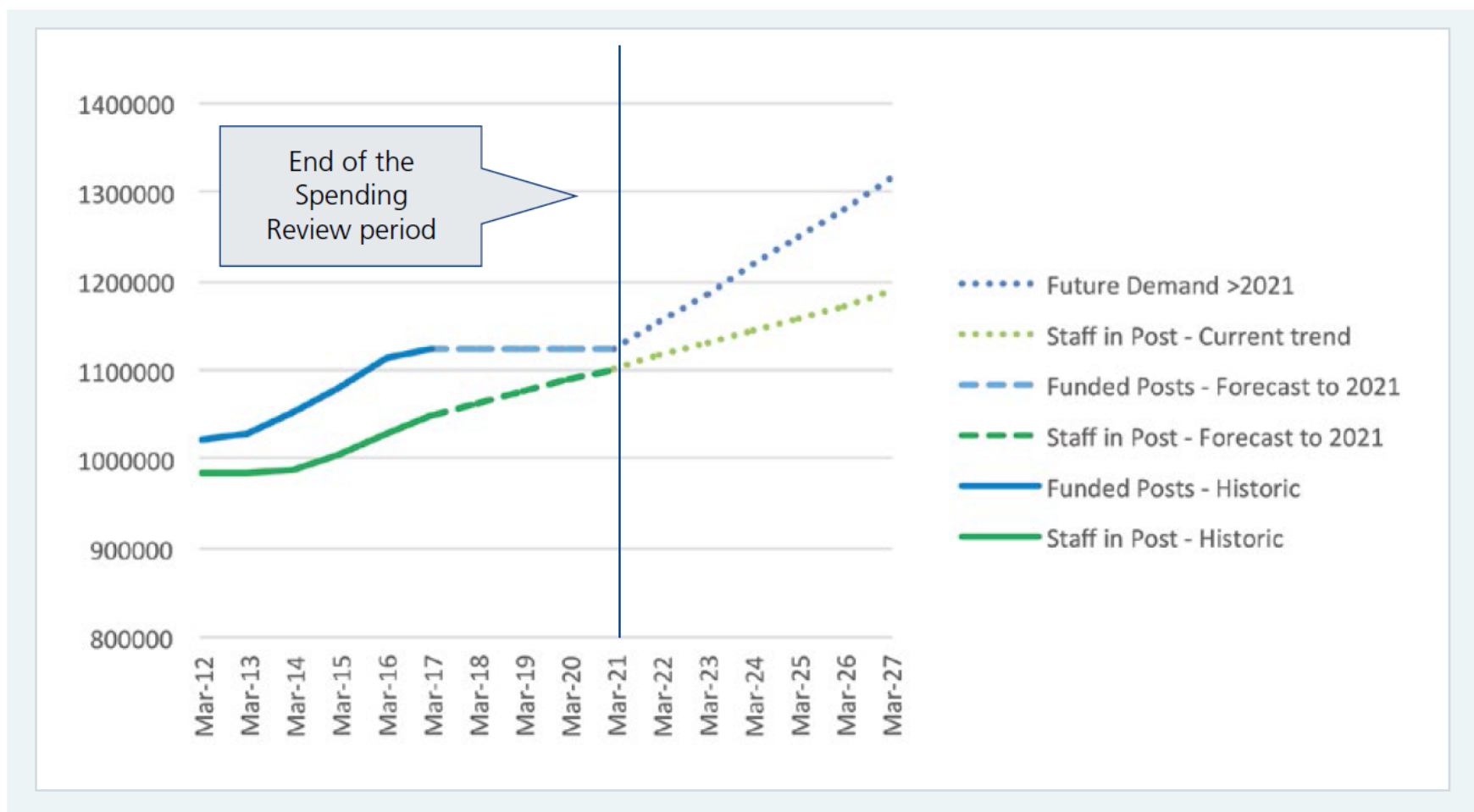
Nurses and Midwives from the EEA joining the register for the first time



Nurses and Midwives from the EEA who left the register



Future Demand for Staff – Beyond 2021/22



Source: HEE draft health care and workforce strategy for England to 2027

Thank you

