NHS funding and workforce: A bleak outlook?

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NHS remains in middle of the longest funding squeeze in its history

£4 billion gap in 2018/19 only half filled in Nov budget

>£20 billion gap remains by end of this parliament
With associated challenges for frontline

Figure 1 Aggregate surplus or deficit of NHS trusts and foundation trusts

What is the calibration of ‘good’ when everyone is in deficit, and it becomes about ‘not being the biggest failure’ – do I just need to be in the middle of the peloton?
Response from ‘the centre’ a mix of control, support and exhortation

• Hold more funding centrally and dole it out, rather than pushing it through national payment system and commissioner budgets (eg provider and commissioner sustainability funds)

• Require local organisations to sign up to challenging financial control totals or targets each year, with significant rewards and penalties for achieving them
Some selected responses from local areas

Focus internally to release efficiency (eg Lord Carter programme)

Focus externally (eg collaborative procurement and joint ventures across regional Sustainability and Transformation Partnerships)

Have a theory of change (e.g. Countess of Chester teletracking, Northumbria business units)

Balance art of management and leadership e.g. Royal Free PMOs

Have a sense of agency – not every problem needs to be solved at Sustainability or transformation partnership integrated care system level e.g. recruiting GPs for medical assessment units
Staff numbers trending in the wrong direction

Figure 1: Year-on-year percentage change in number of nurses and health visitors, NHS hospital and community health services

Year on year reduction in number of nurses and health visitors. 27 per cent more people leaving than joining UK nursing and midwifery register.
With wider challenges around morale, mix of roles, contractual reform, new ways of working

Reasons for staff leaving the NHS (different types of voluntary resignations)

- **Work-life balance** is the fastest growing reason for voluntarily leaving the NHS
Issues of the moment

Supply of staff for existing roles (vacancies, Brexit, bursaries, attractiveness, shortage specialties);

Education and training of the workforce as budgets squeezed

Pay, terms and conditions as junior doctors, agenda for change and consultant contracts renegotiated

New roles being developed eg physician associates

Significant organisational development challenges as move to new care models and integrated health and social care systems

Complex national relationships and responsibilities

Joy in work
Focus on what you can influence

**National**
- National politics & Brexit eg Home Office
- National contract negotiations
- Increase supply through more medical and nursing training places commissioned

**Local**
- Grow your own supply eg, Lancashire and Bolton, Milton Keynes
- Good employer for recruitment and retention eg, an Oxford nurse
- Contract implementation eg Birmingham Children’s
- System working eg Mersey shared nurse banks
So what’s the diagnosis and prognosis?

**FUNDING**
- Prolonged funding squeeze has led to mass financial distress throughout the system
- Has led to tighter regulatory grip and support from the centre
- Tension between doing everything you can when you suspect it isn’t enough

**WORKFORCE**
- Fundamental mismatch of supply and demand exacerbated by Brexit
- Huge organisational development challenges as new ways of working emerge
- A new workforce strategy and convincing positive narrative key

Increasing focus on systems of care will be a potential game-changer for workforce and funding
Thank you

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