

The State of the NHS: rationing and closures as cuts bite

Executive summary

The founding principle of the NHS is universally accessible health care that is free at the point of use. With increasing demand and diminishing budgets, this founding principle is at risk.

New analysis by 38 Degrees has uncovered the impact of funding pressures on the NHS. For the first time, collected together in one place, are details of cuts made and threatened to NHS services, between June and October 2017.

In this short four month timeframe, cuts were made or threatened to 70 frontline NHS services across England. This snapshot reveals the threat that underfunding poses to NHS services across the country, including accident and emergency departments (A&Es), mental health facilities, GP surgeries, mental health services, and maternity units:

- Cuts were made or threatened to at least 70 frontline NHS services between June and October 2017.[i]
- These 70 services included at least nine GP surgeries reported to be under threat, seven mental health facilities, six A&Es, and four maternity wards.[ii]
- 45,000 patients could be affected by the cuts made or threatened to GP surgeries alone.[iii]

The rationing of important services has also become widespread with 90% of CCGs not offering the recommended three cycles of IVF treatment,[iv] and seven in ten doctors claiming funding pressures have restricted their ability to prescribe approved medications.[v]

This news comes as further evidence demonstrates the lack of NHS funding:

- Between 2010/11 and 2014/15 health spending increased on average by 1.2% a year in real terms – compared to the 3.7% average annual growth rate for health spending since 1948.[vi]

Over 170,000 38 Degrees members are calling for more money to be given to the NHS in England in the Chancellor's upcoming Budget, to reverse the threats to frontline services across the country.

- Our analysis is based on local and national media reporting of confirmed or planned NHS closures or downgrading between June and October 2017. Some of these plans will now have been abandoned, often due to campaigns led by 38 Degrees members. However, many will have gone ahead, or be due to go ahead. This analysis demonstrates the tough decisions that NHS leaders across the country are being forced to consider.

Introduction

Demand

Recent figures show that demand for NHS services is growing:

- The number of **prescription items dispensed has increased 50 per cent** from 10 years ago to more than 1 billion items dispensed in 2015[vii]
- **Outpatient attendances have increased by 27 per cent** from five years ago, and 79 per cent increase from 10 years ago, with more than 89.4 million attendances recorded in 2015/16[viii]
- **A&E attendances has increased by 7 per cent** from five years ago, and 22 per cent from 10 years ago, with more than 22.9 million attendances recorded in 2015/16[ix]

Increased demand for NHS services is estimated to cost NHS providers an extra 4% each year, outpacing the growth in health spending.[x]In summary, it means the NHS is being asked to do more, with less.

The government's answer to these challenging circumstances has not been to increase the money provided for frontline NHS services. Instead, the government have set out to make £22 billion in efficiency savings, and is reforming its local structures into Sustainability and Transformation Partnership (STP) areas. Earlier this year, NHS England imposed the Capped Expenditure Process (CEP) to seek to reign-in health spending in 14 areas across England.

At least two thirds of STP footprint areas now have reports of closures or downgrades - or threats of closures and downgrades. This highlights the problem that come with such stringent savings plans, as more services are reported to be at risk.

Financial pressure

The NHS continues to face significant financial pressure. Between 1948 and 2010, the average annual growth rate for health spending by 3.7%. However, between 2010/11 and 2014/15 health spending increased on average by just 1.2% a year in real terms.[xi]

Perhaps unsurprisingly, as demand increases and funding remains limited, it's becoming clear that performance is declining. In 2016/17 the NHS in England missed every one of its monthly targets, while in 2012-13 it met these targets 86% of the time.[xii]

This month is a critical moment for the future of the NHS with the Chancellor delivering his budget in November 2017. In October, Chief Executive of NHS England Simons Stevens highlighted the importance of more money being made available for the health service in the Chancellor's upcoming budget, stating:

"Decisions that are taken on November 22 will determine the shape of the National Health Service next year and the year after."

38 Degrees members are concerned that real term cuts to the NHS budget are beginning to bite, as the NHS is being forced to ration or even close services in order to meet ever more stretched budgets. This report analyses the extent of the reports of planned or threatened changes to frontline NHS services, as well as what treatments the NHS is rationing in order to continue to make savings.

Cuts to NHS frontline services

38 Degrees members are deeply concerned by the scale of planned changes to frontline NHS services across England.

38 Degrees member Gerald, from Shipley, says:

“I work within the NHS and see the effects of underfunding all the time.”

And Gemma, from Hastings and Rye, says:

“I was in a queue on an ambulance stretcher outside A&E at my local hospital for over an hour. There were two other patients in the corridor on trolleys in front of me and several behind. The staff were all wonderful and kind and doing their very best but I could see they were very stressed because of the situation.”

In February 2017, an investigation by the *i* newspaper revealed plans to close or downgrade 50 NHS services across England.[xiii] Research for *BBC News* in the same month found that hospital services in two-thirds of England were under threat of closure.[xiv] Now it's clear that this pattern is continuing. This report brings together, for the first time, information publicly available about threatened cuts over a short 4 month period between June and October 2017. Our findings are stark.

They demonstrate the impact of real-terms cuts in government funding for the health service and the tough decisions that local NHS leaders are being required to take to close or cut local NHS services.

Methodology

There is no central list of planned or possible closures or changes to NHS services. These proposals are often hidden in private board papers, and meeting minutes of local NHS organisations.

Our analysis has therefore relied on local and national media reporting of confirmed or planned NHS closures or downgrading between June and October 2017. These examples have been collected into a central database that paint a picture of the changing face of frontline NHS services.

These findings have been organised by the type of service that is closed or under threat; its location and local NHS organisations; and whether there has been a full or partial closure, or risk of closure, for a service.

This analysis most likely understates the scale of planned closures and downgrading across England, many of which will not yet have attracted public or media attention.

Findings

Our analysis found that over just 4 months:

- At least 70 separate NHS services across England were ordered to close or were under threat of closure or downgrade between June and October 2017
- We have noted a pattern in the type of services threatened with closure or downgrade: nine GP surgeries, six A&E departments, six walk-in centres, four maternity units, and two sexual health services, as set out in the table below
- Despite a personal commitment by Prime Minister Theresa May to invest in mental health services, at least seven mental health facilities across England have been under threat in just four months
- The future of A&E services in Dorset, Huddersfield, London, Grantham, Hull and Dewsbury are in doubt
- More than 45,000 patients could be affected to cuts made and threatened to GP surgeries between June and October
- More than two thirds of Sustainability and Transformation Partnership footprints contain services that were ordered to close or were under threat of closure or downgrade between June and October 2017

Sustainability and Transformation Plans

Many of the changes and closures under consideration are part of the introduction of 44 Sustainability and Transformation Partnerships (STPs). In 2016, a campaign led by 38 Degrees members helped to reveal the details of these plans – which included major cuts and closures to hospital services across England.

38 Degrees members have continued to scrutinise the impact of STPs and underfunding on the NHS and its workforce. Our analysis has shown that more than two thirds of Sustainability and Transformation Partnership footprint areas have suffered threats or actual closures of frontline services between June and October 2017, including six different services in Devon STP alone.

A pattern of closures

A snapshot of some of the threatened cuts and closures that our analysis has captured is included in the table below. This picture demonstrates the range of services affected, from mental health outreach teams to walk-in centres across the country.

Service type	Site
A&E departments	<ul style="list-style-type: none"> • Grantham and District Hospital • King George Hospital • Weston General Hospital • Dewsbury and District Hospital • Huddersfield Royal Infirmary • Dorset County Hospital

<p>GP surgery, affecting 45,000 patients</p>	<ul style="list-style-type: none"> · Narborough Health Centre GP surgery · Wickford Health Centre GP Surgery · The Gore GP Surgery · Stockton NHS Health Care Centre · Brownhills GP Surgery · Folkestone East Family Practice · College Yard and Highnam Surgery · Milverton GP surgery · Wrenthorpe Branch GP Surgery
<p>Walk-in centre</p>	<ul style="list-style-type: none"> · Lincoln walk-in centre · Bury walk-in Centre · Eastham walk-in centre · Prestwich walk-in-centre · Isle of Wight walk-in · Slough NHS Walk-In Centre
<p>Mental health wards and 'place of safety' services</p>	<ul style="list-style-type: none"> · Newholme Hospital · Sandalwood Court · Fountain Way Hospital · Birch Day Hospital, Dudley and Walsall Mental Health Partnership NHS Trust (DWMH) · George Bryan Centre · Clifton House Mental Health Unit · Sheffield Mental Health Outreach Team

It is clear from these findings that the impact of NHS underfunding is being felt across England, and access to services is under threat of being compromised. For patients, this can mean having to travel further to get to their family doctor, the risk of their maternity unit being closed without notice, or reductions in support at home for those living with mental illness.

National funding decisions are creating impossible conditions for local NHS leaders who are being required to consider and make cuts to services due to the scarcity of resources. 38 Degrees' analysis includes:

- The decision to close Grantham Hospital's A&E unit overnight until it is possible to recruit "sufficient staff"[xv]
- Plans to close an urgent care centre in Walsall just 18 months after it was opened at a cost of £1 million in order to save on its running costs[xvi]
- The closure of a mental health ward in Derbyshire due to a lack of specialist nurses[xvii]
- The closure of the only walk-in centre in the whole of Lincolnshire[xviii]

More than two thirds of STP areas contain services that have either been closed, downgraded or threatened between June and October 2017. Of these, the Devon STP contains no fewer than six separate services captured by our analysis.

Included are concerns over the future of maternity services and, despite one of the objectives of the STP programme being to improve community care, the permanent closure of community hospital beds.

These findings support 38 Degrees members' calls for the NHS to receive new funding from the Chancellor of the Exchequer Philip Hammond in his upcoming Budget speech. As the NHS prepares for winter, it is vital that local NHS organisations have sufficient resources support services that meet the needs of patients across England.

Rationing

In addition to the threatened or actual closure or downgrade of many services, local and national NHS leaders are taking decisions to restrict the range of treatments available to patients.

In November 2017, the Chair of the House of Commons Public Accounts Committee wrote to Chris Wormald, Permanent Secretary in Department of Health, warning that decisions to ration services should not be made on budgetary grounds but based on clinical need.[xix] However, there is widespread evidence of the rationing of NHS services as financial circumstances in the NHS worsen:

- Seven in ten doctors claim that NHS funding pressures have restricted their ability to prescribe approved medications[xx]
- In 2016, maternity wards in England were forced to close to new patients on 382 occasions – with many citing staff shortages and lack of bed capacity as the cause. This is an increase of nearly 70% on the figures for 2014[xxi]
- In March 2017, Chief Executive of NHS England Simon Stevens announced that the NHS will no longer fund a range of everyday treatments such as painkillers, indigestion tablets and gluten free food – in order to save £1 billion each year[xxii]
- Nearly 90% of CCGs in England do not offer the recommended three cycles of IVF treatment, between 2013 and 2017 the number meeting national guidelines has halved[xxiii]
- A 38 Degrees campaign found that CCGs have drawn up plans to relax waiting times for operations under NHS England's Capped Expenditure process, with one area considering the introduction of a 'minimum waiting time' of 12 weeks[xxiv]
- A *GP online* investigation found that 83% of CCGs deny treatments based on patients' BMI, and 62% based on a patient's smoking status[xxv]

The founding principle of the NHS is that healthcare is universally accessible and free at the point of use. The rationing of treatments to mitigate challenging financial circumstances violates this principle.

Conclusion

Cuts and closures are being made and threatened to frontline NHS services across the country. These cuts are spread across a range of NHS services, from A&E departments to walk-in centres. At the same time, decisions to ration NHS treatment are being taken both locally and nationally.

These cuts are a symptom of years of sustained underfunding in the health service. National decisions are now having a real impact on the level of service that the NHS can deliver, and this is borne out by the shape of local GP services, A&E departments and mental health wards.

Structural reorganisation has not solved the problem. The NHS needs more money to cope with the demands of the 21st century.

If you are an MP - representing thousands of constituents who rely on NHS services to take care of their friends and families - please share your constituents' concerns and ask for more funding for our NHS with Philip Hammond before the Autumn Budget.

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- [i] Analysis by 38 Degrees
 - [ii] Analysis by 38 Degrees
 - [iii] Analysis by 38 Degrees
 - [iv] *BBC News*, IVF: patients face postcode lottery for treatment, October 2017. Available at: <http://www.bbc.co.uk/news/uk-england-41764665>
 - [v] *The Times*, *Doctors warn NHS is rationing best drugs to cut costs*, April 2017, accessed April 2017
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