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# **NHS and social care: Facts and figures for the 2024 general election**

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# NHS funding

## What's happening to spending in the English NHS?

- In 2023/24, day-to-day spending by NHS England was £166bn. This budget makes up around 90% of total spending by the Department of Health and Social Care.
- In 2018, the government further pledged to increase NHS England spending by an average 3.4% a year until 2023/24. Between 2018/19 and 2023/24 NHS England's spending increased by a real terms 3.6% each year, including extra funding for dealing with Covid.
- However this masks a 0.9% spending cut in 2022/23 and a 0.5% increase in 2023/24. The NHS England budget for 2024/25 currently represents a 1.4% increase over the previous year, significantly lower than the long term average increase in healthcare spending of 3.6%.
- The latest comparable figures (2022/23) put total health spending at £3,064 per person in England, £3,106 in Scotland, £3,337 in Wales, and £3,236 in Northern Ireland.

## How has funding for front line services changed over time?

- Not all NHS services have seen funding levels grow at the same rate. Recently published analysis by the Nuffield Trust shows that while funding for front line services grew on average by a real terms 3.1% between 2016/17 and 2022/23, funding for acute hospital care and mental health grew much faster at 4.4% and 5.3% a year respectively, while funding for GP primary care grew at 3.3% and community services by 0.5%. Funding for dentistry fell by 2.2% a year and local authority public health funding has fallen by 3.9% a year.

## How much will it cost to fix NHS buildings?

- The cost of fixing all of the outstanding maintenance and repairs to buildings and equipment in the English NHS now stands at £11.6 billion. The cost to eliminate the high-risk part of this is £2.4bn.

# NHS funding

## Things to look out for in the election campaign

- Is any funding promised a new addition to the NHS budget, or just promising to redirect existing funding?
- Is a spending pledge per year, or divided out over several years?
- Are spending pledges in cash terms, or do they take account of inflation (real terms)?
- As a percentage of the NHS budget in real terms, how much of an increase does a spending pledge add up to?
- Are spending pledges an increase from this year's budget, or on top of a budget increase next year?
- Are spending pledges for the whole of the UK or just England?

# NHS staffing

## How many staff work in the NHS?

- The NHS in England employs 1.7 million people, making it one of the largest employers in the world. Around 1 in 17 people work in the NHS in England.

## How many doctors, nurses and managers are there in the NHS?

- There are around 140,000 full-time equivalent doctors working in NHS hospital and community services, an increase of over 20,000 since the 2019 election
- There are over 357,000 FTE nurses, a number that has grown by over 50,000 since the 2019 election
- There are over 27,500 FTE GPs in England, a number that has fallen by almost 2,000 since 2015 and by 650 since the 2019 election
- The number of managers working in the NHS in England has increased by 6,720 since the 2019 election to around 40,000 full-time equivalents.

# NHS staffing

## Things to look out for

- How are increases in NHS staff going to happen? It takes a very long time to train doctors – more than 14 years and £500,000 investment for a hospital consultant – so increasing training and education numbers are not a cheap or quick fix.
- If there is a pledge to simply recruit more staff, is it certain that they are out there and willing to work for NHS salaries?
- If there is a pledge for new staff for a particular service or area, are they going to leave existing ones?
- What are the plans to retain the valuable staff already working in the NHS?

# General practice

## Facts and figures

1. The number of GPs relative to the size of the population has been falling across the UK for the first sustained period since the 1960s. In England the number has fallen from 52.2 full-time equivalent GPs per 100,000 in 2015, to 46.5 per 100,000 in 2023
2. When adjusted for population need and inflation, spending has grown only half as fast as the hospital sector (10% as opposed to 21%) from 2016/17 to 2022/23
3. Meanwhile there has been a more than 300% rise since 2015 in the numbers of other staff in general practice, like pharmacists, care co-ordinators, physios and social prescribers. There are now almost 40,000 direct patient care staff
4. Satisfaction with GP services is falling . The British Social Attitudes survey revealed satisfaction with GP services has fallen to 35%, the lowest since the survey began in 1983
5. Getting an appointment is becoming harder: in 2018 70% of people said it was easy to get through to their practice on the phone, but in 2023 this had dropped 20 percentage points to 50%.

# General practice

## Things to look out for

- Do any commitments to improving access to GPs also contain detail of how these will be staffed given the crisis in GP recruitment?
- Do any pledges offer more continuity of care for people with more complex or ongoing health needs?
- Will pledges increase funding for general practice?
- Do targets give GPs the flexibility to tailor their approach to their own patient populations?

# Social care

## Facts and figures

1. Spending on adult social care in England 2022/23 was £20.3 billion, representing only a 5% real-terms increase from 2010/11 levels. During this same period, the number of people in England over the age of 65 rose by around a fifth. Requests for care among working-age adults have grown sharply by around a fifth between 2015/16 and 2022/23.
2. In 2022/23 the social care sector in England employed 1.5 million people and there were 152,000 vacancies.
3. The median pay for private sector care workers is £10.11 per hour and 22% of jobs are on zero-hours contracts.
4. Access to social care services in England is means-tested. If an individual has income and assets (including property and savings) above £23,250 they cannot access publicly funded care and instead must pay for all their care costs. This threshold has not changed since 2010/11.
5. Plans to introduce a cap on care costs, which would limit how long an individual would pay for care over their lifetime, have been delayed until 2025 and the funding repurposed for day-to-day pressures.
6. There are more than 5 million unpaid carers in the UK. There was a 20% drop in 'direct support' to carers from local authorities between 2015/16 to 2022/23.



# Social care

## Things to look out for

- Is the proposal just for older people or are working-age disabled adults and children included too?
- Does the proposal include plans to improve support for unpaid carers?
- If there is a cap on social care costs, what counts towards it and what proportion of services would be covered once an individual hits the cap?
- If pay for social care workers is going to rise, will the money for this come from new national funding, or will social care providers have to increase the rates they charge councils and individuals to cover it? Is there a commitment to increase the pay of more senior staff?
- Where proposals cover ‘free personal care’, what is included in this, and who is eligible to access (e.g. older and working-age disabled adults)? This may not include help with household activities such as shopping and meals, residential accommodation costs or nursing support.
- Do the proposals draw on credible cost estimates and identify how they will be sustainably funded in the long-term?

# Private healthcare

## Facts and figures

1. The proportion of all planned admissions in England which are paid for by the NHS and take place in private hospitals rose from 5.6% before the pandemic to 7.5% in 2022/23.
2. More than 20% of the total health budget goes to buying care from providers not owned by the NHS.
3. 9.5% goes to “primary care” services like GP practices and dentists, 2.2% goes to local councils, and 9% goes to private firms and charities providing care that would otherwise be done by NHS trusts.
4. In real terms, trusts spent £1.66 billion on care contracted out in 2019/20, rising to £3.12 billion by 2022/23.
5. The number of hospital admissions in England which people paid for privately without having any insurance rose by 20% from September 2019 to September 2023.

# Private healthcare

## Things to look out for

- If there is a proposal for the NHS to buy more care from the private sector, where will the money for this come from, given that it is already overspending its existing budget?
- Will care bought from the private sector be cheaper than NHS care, more expensive, or the same? Are private healthcare companies agreeing to this?
- What is the rationale for spending more money in the private sector, rather than on NHS trusts?
- For which medical conditions, and in which areas of the country, can the NHS buy more private care? It is currently very concentrated in wealthier areas, and for hips, knees, and eye surgery.

# Waiting times

## Facts and figures

1. The NHS Constitution promises fewer than 5% of people will wait more than 4 hours in A&E before being admitted or judged safe to leave. In April, 26% of people waited longer. The target was last met in 2015.
2. The NHS Constitution promises fewer than 15% of people will wait more than two months for cancer treatment following an urgent referral. In March 2024, 36% waited longer. While the target was last met in 2015, this is the best performance since April 2022.
3. The NHS Constitution promises fewer than 8% of people will wait more than 18 weeks for planned treatment. In March, 43% of people had been waiting longer. The target was last met in 2016.
  - The waiting list for planned care stood at 7.54 million in March 2024, up from 4.23 million in March 2019. This number has fallen slightly from a peak of 7.75 million in August 2023.
  - Over 309,000 waits have exceeded one year. This has fallen slightly from a peak of over 400,000 in 2022.
  - Waits exceeding 18 months have fallen from over 200,000 in 2021 to under 50,000 in March 2024, though NHS plans aimed to reduce this to near zero that month.
  - Two year waits have been close to eliminated (below 1000) since early 2023.

# Waiting times

## Things to look out for

- If there is a new target, why will it be helpful when the NHS is missing so many existing targets?
- If there is additional funding, how many additional appointments or procedures will it cover compared to the 124.5 million outpatient appointments and 8.6 million planned admissions in the English NHS in 2022/23?
- How many people will be removed from waiting lists by extra appointments? Most appointments do not mean that people have been treated or removed from the list.
- Will there be waiting list targets for often overlooked services such as autism/ADHD assessment and community services like district nursing?
- If reform is going to make the NHS more productive, will this be more than the 2% per year previously promised? Why will this be delivered when the NHS has previously repeatedly missed efficiency targets?

# Dentistry

## Facts and figures

- The latest data from June 2023 showed that only 41% of adults had received an NHS check-up in the last 24 months, as guidance states they should. 53% of children and adolescents had received a check-up in the previous 12 months as is recommended.
- NHS dental spending in England was £2.5bn in 2022/23. In real terms, this is 12% less than in 2016/17. Across 2022/23 and earlier years, hundreds of millions of pounds meant to be spent on dentistry has been clawed back because the rates paid to dentists aren't attractive enough for them to do the full number of appointments planned.
- The dental contract pays more in some areas than others, and there are more than three times as many NHS dentists per person in some areas of England compared to others. Rural areas of the East and West of England consistently have a low number of dentists.
- There are 35,000 dentists registered to practice in England. NHS England's workforce plan estimates the current full time commitment to NHS work as only representing 8,800, although no formal data exists.

# Dentistry

## Things to look out for

- Is there an immediate commitment to fundamental change to the dental contract, which the [Health Select Committee](#), the Nuffield Trust and dental groups have said is urgently required?
- If there is additional funding, is this actually more money in the dental budget? Or just a taken from the existing funds clawed back each year?
- If extra appointments are promised, how big an increase are they compared to the 32 million courses of treatment carried out in 2022/23?
- NHS dentistry currently covers less than half of adults with the recommended check-ups for £3 billion, and just over half of children. Is a sum of extra funding enough to really restore a universal service?
- With not enough care to cover everyone, is there priority given to restoring provision for preventive care, children, other vulnerable groups, and people who may struggle to pay privately?

# Medicine shortages

## Facts and figures

- The average number of “medicine supply notifications”, issued in the NHS when there are shortages with a significant risk to patient safety, rose from an average of 7 in 2020 and 2021 to 10 in 2022 and 2023.
- Key categories of drugs facing shortages recently include medications for epilepsy, diabetes, and ADHD, and the cystic fibrosis drug Creon, which patients require to digest food.
- A survey of 2000 pharmacy employees by Community Pharmacy England found that 79% said patient health was at risk from shortages. 73% of staff said they spent at least an hour each day trying to track down products facing shortages.
- The number of medicines for which the Department of Health and Social Care has to offer bonus payments because pharmacists cannot find them at their usual price was less than 20 a month before 2016. It is now regularly over 100, with 145 “price concessions” made in May 2024.



# Medicine shortages

## Things to look out for

- Does any policy to deal with medicine shortages require paying higher prices to compete in a global market? If so, is this funded?
- Civil servants and the MHRA already try to work with suppliers to find alternatives and remove barriers, with some legal powers to require companies to say when a shortage is imminent. What is being offered beyond this?
- If there is a proposal to bring medicines manufacturing back to the UK, what proportion of the over 20,000 medicine products prescribed in English pharmacies will this cover?

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**If you would like to speak to one of our experts, please contact our press office on 020 7462 0555 or email [press.office@nuffieldtrust.org.uk](mailto:press.office@nuffieldtrust.org.uk) or one of our press team below:**

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