

## Population and the UK National Health Service

### Summary

The UK population continues to grow at an unsustainable rate. Major studies from organizations such as the Kings Fund and BMA have shed light on the troubles facing the National Health Service (NHS). The link between population growth and pressure on the health service however continues to be downplayed. The purpose of this briefing is to identify the factors behind the pressures facing the NHS and the role of sustainable population growth and smaller family policies in addressing them.

### Current NHS performance

Winter 2014/15 brought the worst wait times in Accident and Emergency departments ever recorded, with only 84% of patients being seen within four hours, well short of the 95% target<sup>1</sup>. Increasing waiting times are not restricted to emergency treatments, with waiting times for cancer expected to worsen throughout 2015 to its worse level in seven years<sup>2</sup>.

Increased waiting times are a reflection of the price squeeze and funding crisis currently facing the NHS. In 2013/14 66 NHS trusts were in the red, overspending by more than £750m. This could lead to a total deficit of £30bn by 2020<sup>3</sup>. The NHS is facing a double-edged sword, where costs are rising but resources are constrained, meaning significant savings need to be made. The two largest political parties have each pledged to spend an additional £2billion on the healthcare following the next election, but increased spending does not address the underlying issues. Population growth, together with an ageing population and inflation in medical costs means more pressure on local

and regional services, higher staffing requirements, longer waiting times and higher spending.

### Historical contributory factors

The UK population has grown by over 10m since 1964<sup>4</sup>. Despite a fall in growth rates until 1980, the past 30 years has seen rising population change. In the 20<sup>th</sup> century this was mainly due to falling death rates. Since the turn of the century, net inward migration maintains UK population growth.

Life expectancy continues to rise. The average UK citizen will now live until 82<sup>5</sup>. Continued population growth combined with longer life expectancy means more people consuming resources for longer. In tandem with inward migration, population places a significant strain on health service resources.

### Low performance equal high growth

There is a significant link between the worst performing NHS trusts and those with the most rapidly expanding population. Cambridge University Hospital Trust which recorded the worst percentage of patients seen within four hours at 75.2%<sup>6</sup> is also the 4<sup>th</sup> fastest growing city in the country<sup>7</sup>. Trusts such as Barking, Havering and Redbridge University Hospital and Ashford and St Peters are also in the bottom 10 performers and are subject to London's rapid growth rate, 12% since 2001. Peterborough, England's fastest growing city, was the 8<sup>th</sup> worst performing hospital in the UK. The pressure facing these trusts is evident given that their population is growing by on average almost twice as fast as the rest of the country.

<sup>1</sup> <http://www.england.nhs.uk/statistics/2015/01/16/ae-attendances-and-emergency-admissions-week-ending-11-january/>

<sup>2</sup> <http://www.kingsfund.org.uk/publications/articles/how-nhs-performing-january-2015>

<sup>3</sup> <http://www.theguardian.com/society/2014/oct/05/nhs-finance-crisis-rising-demand-budget-cuts-30-billion-pound-deficit-2020>

<sup>4</sup> <http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk-england-and-wales-scotland-and-northern-ireland/2013/sty-population-changes.html>

<sup>5</sup> <http://data.worldbank.org/indicator/SP.DYN.LE00.IN>

<sup>6</sup> <http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

<sup>7</sup> <http://www.centreforcities.org/wp-content/uploads/2014/01/14-01-27-Cities-Outlook-2014.pdf>

### Projected contributory factors

The UK population is expected to reach over 73 million by 2035. The Office for National Statistics predicts that one in three babies born this year will now survive to over 100, with average life expectancy of the newest generations reaching well over 90<sup>8</sup>. An ever-increasing amount of people, particularly older people, means an ever-increasing amount of money required by the NHS.

### UK growth in comparison to Europe

Population growth in the UK is significantly higher than for the majority of European countries<sup>9</sup>. In a number of countries, population is falling, such as Greece, Spain and Bulgaria. The issue for the UK is that the falling population in these countries is due to economically forced migration to other countries, including the UK. This further increases pressure on the NHS through inward migration. Other developed countries such as Germany (0.2%), the Netherlands (0.3%) and France (0.4%) all have lower population growth than the UK. Germany manages to balance being the second most popular migration destination in the world<sup>10</sup>, with more sustainable i.e. lower family sizes.

### Ageing leads to growth

The costs of ageing to the NHS are often miscalculated as developments that improve life expectancy generally protect the population from illness and disability longer. Suffering from a heart attack or stroke later in life skews statistics to paint a picture that ageing is the biggest problem facing the NHS. This is often used to support the argument that population growth is good as economically active citizens are needed to fund the elderly. This however fails to take account of the high costs of younger people to society, including education,

infrastructure or medical services such as GP access, vaccinations and non-age related afflictions. People will continue to age, and as science continues to develop they will live longer. By contrast, policies can address the increasing cost to the NHS of population growth.

### Recommended policies

Population growth in the UK can be addressed through specific and targeted policies. These policies will benefit the future of the NHS through reduced expenditure and pressure on services.

- Improvements in sex and relationship education and family planning services can help prevent unplanned pregnancies and allow families to space their pregnancies.
- Policies that address unplanned pregnancy in the young means more women completing education and having better access to opportunities throughout life. Female empowerment in the number of children they have enables better control over their own lives allowing more participation in society and formal employment.
- Smaller families reduce direct costs to the health service through reduced use of maternity and pediatric departments for children and a smaller number of people requiring treatments throughout their lives.
- Indirectly, smaller families can reduce NHS expenditure, as smaller families tend to be more prosperous. Families with higher disposable income are more likely to have access to methods of reducing disease risk, such as quality fresh fruit and vegetables. Lower stress levels from financial pressure can also reduce the risk of cardiac diseases and mental healthcare costs. moreover, families with fewer children can give more attention to the welfare of each child.

<sup>8</sup> [http://www.ons.gov.uk/ons/dcp171778\\_357100.pdf](http://www.ons.gov.uk/ons/dcp171778_357100.pdf)

<sup>9</sup> [http://ec.europa.eu/eurostat/statistics-explained/index.php/File:Crude\\_rates\\_of\\_population\\_change\\_2010-12\\_\(per\\_1\\_000\\_inhabitants\)\\_YB14.png](http://ec.europa.eu/eurostat/statistics-explained/index.php/File:Crude_rates_of_population_change_2010-12_(per_1_000_inhabitants)_YB14.png)

<sup>10</sup> <http://www.oecd.org/berlin/is-migration-really-increasing.pdf>



- Limiting child subsidy to the first two children, while protecting those in need, can save public money, which can then be redirected towards a better standard of healthcare. Further savings will be realized indirectly through reduced pressure on other government infrastructures such as social care, roads and public transport.
- As well as policies that promote smaller families, addressing the net inward migration to the UK can significantly reduce the amount of people requiring NHS and health services, further lowering costs.

*Cambridge University Hospital Trust: 75.2% (4<sup>th</sup>)*  
Medway NHS Foundation Trust: 79%  
Barking, Havering and Redbridge University Hospital Trust: 80.5% (7<sup>th</sup>)  
University Hospitals Of North Midlands NHS Trust: 80.6%  
Portsmouth Hospitals NHS Trust: 81.7%  
North Bristol NHS Trust: 82.7%  
Colchester Hospital NHS Trust/Brighton and Sussex NHS Trust: 83.4%  
*Peterborough and Stamford Hospital NHS Trust - 83.7% (Fastest Growing city)*  
University Hospital Southampton NHS Trust - 84%  
Ashford and St Peters Hospital NHS Trust - 84.6% (7<sup>th</sup>)

Notes