

BMA Spending Review priorities: a bold new settlement for the NHS

The COVID-19 pandemic has placed unprecedented pressure on our already stretched and underfunded NHS, public health and social care systems. The Government has promised to give the NHS whatever it needs to cope with the pandemic. But it is clear that our healthcare system needs additional support beyond the current financial year to cope with the impact of the virus itself and the growing backlog of care due to disrupted services.

A major multi-year funding injection is needed. The Government should set out bold plans that move beyond pre-COVID spending commitments and significantly invest in the NHS, public health and social care to enable them to cope with the ongoing impact of COVID-19, whilst building up the resilience of these services for the future. To achieve this, the BMA is calling for:

A long-term increase to core NHS funding

Even before the COVID-19 pandemic, the NHS was in need of a funding boost to help it cope with increasing demand and to modernise services. **The BMA is calling for a recurrent annual real-terms increase in health spending of at least 4.1% (measured from a 2019/20 baseline).**

This would take total health spending from the planned £140.4 billion in 2019/20 to £164.9 billion by 2023/24, a £9 billion rise compared to Government's (pre-COVID-19) planned spending. In addition, it is crucial that extra funding is also provided in the short-medium term to cope with the ongoing impacts of COVID-19.

Extra funding to address the backlog of services

The NHS is now facing a huge challenge in dealing with record numbers of COVID-19 cases and regular winter pressures, whilst ensuring providers are able to cope with and provide the huge backlog of care that has and will continue to accumulate.

The BMA is calling for at least £10.7 billion extra funding to work through this backlog. We estimate that between April and September 2020 there were:

- 14.6 million fewer outpatient attendances than expected, potentially costing £1.7 billion¹ to work through;
- 2.2 million fewer total elective treatments, costing approximately £9 billion² to work through.

With more elective treatments reportedly being cancelled during this second wave of the pandemic, the size and cost of this backlog is due to increase over the winter.

Support for public health services

¹ [Provisional Monthly Hospital Episode Statistics for Admitted Patient Care and Outpatient data April 2020 - September 2020](#) and [2018/19 National Schedule of NHS Costs](#)

² [Provisional Monthly Hospital Episode Statistics for Admitted Patient Care and Outpatient data April 2020 - September 2020](#) and [2018/19 National Schedule of NHS Costs](#)

COVID-19 has demonstrated the importance of public health services and how they help to reduce pressure on the NHS. But public health services are significantly underfunded, with long term funding cuts having led to reduced services.

It is crucial that these services are invested in now to help cope with the impact of COVID-19, deliver the measures the BMA has identified as necessary to ensure we can [exit lockdown safely](#), and to be prepared for future pandemics. This includes:

- An increase of £1 billion to the public health grant to return funding to 2015/16 levels, with additional investment year on year increasing to £4.5 billion by 2023/24.
- Reverse cuts to the national public health budget.
- A commitment to ensuring that the newly formed 'National Institute for Health Protection' (NIHP) is adequately resourced to ensure that our response to COVID-19, future pandemics and other hazards is as robust as possible.
- Investment in local contact tracing systems
- Ensuring sufficient stocks of PPE are available to the health and care workforce

Multi-year capital funding to modernise and ready the NHS estate

The NHS has suffered with long-term underinvestment in capital funding. It is crucial that Government provides a multi-year capital funding settlement for the NHS to allow trusts and GP practices to plan for the long term, transform their services and equipment and ensure they are fit for purpose and able to cope with increased demand due to the impact of COVID-19. Capital funding is needed for:

- Backlog maintenance costs - The latest data from 2018/19 shows that at least £6.5 billion is needed.
- GP practices to ensure they are fit for purpose
- Ensuring hospitals are COVID-19 secure – for example, enabling social distancing and installing infection control measures such as screens, barriers, ventilation.
- Expanding capacity – sufficient funding is needed for government proposals of building 48 new hospitals.
- Modernising IT infrastructure across the NHS. In 2017, NHSE's Chief Information Officer suggested £4.2 billion would be needed for wholesale digital transformation.

Investment in our NHS workforce

In addition to ensuring that NHS estates such as hospitals and GP practices are fit for purpose, it is crucial that Government invests in the staff that work in them and who have been worked tirelessly throughout the COVID-19 pandemic to keep providing the care we need.

To help increase the NHS workforce, Government needs to:

- Increase medical school places - around 7,500 additional medical school places are required by 2023/24³. This could cost at least £3.5 billion per year.
- Ensure access to occupational health services for all staff working in the NHS.
- Fully fund the NHS People Plan commitments to safeguard health and wellbeing.
- Ensure fair remuneration and terms and conditions for all doctors. Funding must also be committed to start addressing the real terms pay cut that doctors have experienced since 2008. For some of the BMA's members this is over 30 per cent.

From the outset of the pandemic, those who work in our health services have consistently gone above and beyond to ensure patients get the care they need. A bold new settlement for the NHS at this Spending Review would ensure they are given the tools they need to continue to safeguard the health and safety of the whole UK, not only for the duration of the pandemic but for the long term.

³ Royal College of Physicians (2018) [Double or quits: calculating how many more medical students we need](#)