The Effect of Austerity on Mortality Rates

Campaigners in recent years have frequently used the slogan, 'Austerity Kills'. Now we know that it's true. A landmark study, published in the British Medical Journal (BMJ), examined mortality rates in the period before 2010 and compared them with mortality rates in the austerity period after 2010. The study concluded that the cuts to spending on health and social care led to 'around 120 000 excess deaths from 2010 to 2017'. If austerity continues, which it will under a Tory government, this would amount to 150,000 extra deaths between 2015 and 2020.

Spending on Health and Social Care
Historically, the annual increase in government spending on the NHS was around 4 per cent. Between 2010 and 2015, 'the average annual increase [per capita] was 0.41%'. Similarly, between 2001 and 2010, the annual increase in spending per capita on social care was 2.2 per cent. But 'between 2010/2011 and 2014/2015 it decreased by 1.57% annually'. Planned spending on healthcare up to 2021 is to increase at an average of only 0.72 per cent

The Mortality Gap
'From 2001 to 2010, the absolute number of deaths in England decreased by an average of 0.77% per year. From 2011 to 2014, the number of deaths increased by an average of 0.87% per year.' If the limits to public spending on health and social care continue, 'we estimate approximately 150 000 additional deaths may arise between 2015 and 2020'.

The cuts in social care were greater than the cuts in hospital care: '..., deaths at care homes and at home contributed most to the observed mortality gap'. Bearing in mind the current push to get more people out of hospital and into home or care homes, the study suggested that 'the recent drive to move patients with poor prognoses and who have reached their ceiling of care away from the hospital environment to care homes or their own homes may have contributed to this'. The NHS provides publicly delivered universal health coverage which confers a protective effect during periods of substantial cuts to spending. Social car, on the other hand, is means tested and often privately delivered, without universal coverage. The higher than expected numbers of deaths were confined to those over 60 years of age.

The deterioration in the supply of healthcare is evident from a number of

factors:

> 'During the first week of 2017, more than 4 in 10 NHS hospitals declared a major alert. Emergency medicine departments (A&E) saw 900 000 (4.6%) more attendances in 2015/2016 compared with the previous year, and 4% more emergency hospital admissions. Over the past 2 years, the number of elderly patients waiting over 12 hours in A&E has trebled, and there has been a 31% increase in delayed hospital discharges.'

But the study found that the single biggest factor linking spending cuts to mortality was the number of NHS-qualified hospital and community nurses, especially in social care. From 2001 to 2010, the average annual increase in nurse numbers was 1.6 per cent, whereas from 2010 to 2014, the average annual increase was over 20 times lower at 0.07 per cent.

What's Needed to Close the Gap?

In the autumn budget statement, Philip Hammond suggested nurses might have a pay rise next year but this would most likely be linked to efficiency savings. According to Professor John Appleby, chief economist at the Nuffield Trust, it's not possible for nurses to work harder so these conditions would probably amount to longer hours, reduced annual leave or other changes in their terms of employment. None of this is likely to increase the number of nurses. The BMJ study's assessment of possible efficiency savings was: 'Given that the health system has historically achieved 1%–2% annual productivity improvements, and that current demand is unprecedented, it seems unlikely that greater annual improvements could be expected'.

The BMJ study estimated the kind of increase in spending that would be required to overcome the increased mortality rate between now and 2020/21:

> 'After factoring in planned government spending, and the £2 billion funding increase to social care announced in the 2017 Spring Budget, our analyses based on 1% annual productivity increase suggest that a cumulative spending increase of approximately £25.3 billion would be required to close this gap across health and social care by 2020/2021, equating to around £6.3 billion annually.'

Compare this with Philip Hammond's £2.8 billion.

Conclusion
The study concluded that while the design of the healthcare system is important (universal coverage), it has to be adequately funded to deliver the desired outcome. Another policy implication is 'funding increases in social care, in addition to maintenance or rises in nursing numbers aligned with demand'. And most importantly, ' the current trajectory of system financing [ ] entails a number of excess deaths'.

The study concluded: 'We suggest that spending should be targeted on improving care delivered in care homes and at home; and maintaining or increasing nurse numbers.'

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