THE UK HEALTH SYSTEM

BACKGROUND

1 The National Health Service (NHS) provides a comprehensive health service designed to secure improvement to the physical and mental health of the people and to prevent, diagnose and treat illness. It is predominantly funded through taxation – some 73.5% of NHS funding comes from taxation – with the remainder coming from National Insurance contributions (20.4%) and from charges, such as prescription, dental and optical charges, and receipts, including land sales and proceeds from income generation schemes (6.1%).

2 Planned NHS spending for 2003-04 in the UK is £76bn ($122bn). NHS expenditure in the UK is planned to increase by an average of 7.2% a year over and above inflation over the 5 year period 2003-04 to 2007-08. Total expenditure on healthcare, including private expenditure, is planned to rise from 8.1% of GDP in 2003-04 to 9.4% of GDP in 2007-08.

3 There is also a parallel private healthcare system. It is estimated that in 2001 some 7.4 million people (12.3% of the population) were covered by private health insurance or non-insured medical expenses schemes. There are some 210 private hospitals providing medical and surgical care and a further 80 providing acute mental health care. In addition, some services – eg. hospices – are provided by voluntary and charitable organisations.

CLINICAL ORGANISATION

4 The NHS provides health services at primary, secondary and tertiary levels. Primary Care Services are predominantly provided by General Medical Practitioners (GPs) and their counterparts in dentistry, pharmacy and optometry. Some 90% of care is provided in primary care. GPs undertake a traditional “gatekeeper” role in relation to secondary care – other than for emergency care and a few specialist areas access to a hospital consultant comes by referral from a GP.

5 Secondary care services are provided in hospitals which range from small local units to large centres providing a complete range of secondary and tertiary care services. Increasingly hospitals, and services within hospitals, work on a network basis to ensure an integrated service. Mental health services are increasingly provided by integrated, specialist, Mental Health Trusts.

6 Residential and nursing home care and domiciliary care are not provided through the NHS but are the responsibility of Local Authorities, which commission such care predominantly from private sector providers.

STRUCTURAL ARRANGEMENTS

7 As a result of devolution responsibility for health services rests with the Secretary of State for Health, for England, the National Assembly for Wales, the Scottish Parliament and the Northern Ireland Assembly (though this is currently suspended). As a result there are increasing differences in the structures for delivering healthcare in the four countries and in some aspects of healthcare policy.

England

8 In England, recent reforms have established 28 Strategic Health Authorities (SHAs) as the local headquarters of the NHS. They are geographically based and responsible for creating a strategic framework for healthcare in their area, for managing the performance of healthcare organisations in their area and for building the capacity of health services locally. Within each SHA area there are a number of Primary Care Trusts (PCTs) – 303 in total – which lead in the provision of health care for a specific local population of around 200,000 people. They are responsible for improving the health of the community and tackling health inequalities; developing primary and community health services; and commissioning secondary care services to meet local needs and national standards as set out, for instance, in National Service Frameworks. PCTs commission care predominantly from NHS organisations but also from private providers. The development of Diagnostic and Treatment Centres (DTCs) and clinics run by GPS with Special Interests, which will focus on providing elective care, provide further options for commissioning care, improving access and providing patients with greater choice. The DTC programme is also the main way in which the Government is developing its objective of greater diversity of service provision to NHS patients, moving from the current dominance of public sector provision towards a greater range of public and private sector healthcare provision for NHS patients in England.

9 Funds are allocated directly to PCTs on a formula basis taking account of population and its age distribution, additional need over and above that accounted for by age and unavoidable variations in the cost of providing services. PCTs are responsible for some 75% of the NHS budget – the rest funds teaching and research which is not susceptible to population based funding, genuinely national services, eg. blood collection, and innovative services. Major changes are planned to the arrangements for funding hospitals, with a move to commissioning at specialty level using standard national tariffs based on Healthcare Resource Groups (HRGs) as set out in the document “Reforming NHS Financial Flows”.

10 In addition to these arrangements there are also:

- A small number of Care Trusts which bring together health and social care staff in integrated organisations.

- Proposals to establish children's Trusts with a focus on integrating services for children and young people across traditional organisation boundaries.

- Plans to establish NHS Foundation Trusts. They will be free from direct Whitehall control, accountable to their local populations and subject to a new regulator. 29 hospitals have expressed interest in becoming Foundation Trusts in the first wave in April 2004, subject to passage of the necessary legislation. Ministers intend that over the next 5 years all acute and specialist hospitals should have the opportunity of achieving Foundation Trust status.

11 There are a number of important national bodies which impact on service delivery. In particular the National Institute for Clinical Excellence (NICE) makes recommendations on effective treatments which should be adopted nationally and the Commission for Health Improvement (CHI), soon to become the Commission for Health Audit and Inspection (CHAI), inspects NHS hospitals in relation to quality of care and clinical governance and is now responsible for the national "star-rating" system for hospitals and PCTs.

12 Key policies for the NHS in England are set out in the NHS Plan and subsequent documents and include commitments to significant reduction in waiting times; major expansion in NHS capacity (buildings, beds and staff); more influence for patients and users and major investment in clinical priorities such as cancer, heart disease and mental health.

Scotland

13 Scotland has 15 unified NHS Boards, each of which is responsible for all NHS services in its area. The Boards are required to show how they are involving the public, and how this has affected the provision of services. Local Health Councils also provide a voice for the local public in each area.

14 The 15 NHS Boards and 32 local authorities work together to strengthen the localised focus of health provision, and every local authority has a seat on its principal NHS Board. Acute services and primary care continue to be delivered through NHS Trusts and the Island Boards remain as integrated structures with no separate Trusts. Other NHS bodies such as the Scottish Ambulance Service, the NHS Health Scotland and NHS Quality Improvement Scotland, provide services on a national basis.

15 In December 2000 the Scottish Health Plan *Our National Health: A plan for action, a plan for change* was published which set out key priorities. These were to:

- improve Scotland's health, and narrow the gap between rich and poor;

- set national standards of care to be delivered locally across Scotland;

- improve patient access to health services;

- give patients and communities a voice in the running of the NHS;
- provide better care for the young, and for older people;
- reduce coronary heart disease, cancer and poor mental health; and
- change the ways in which the NHS works with its staff so as to improve care and standards.

16 To achieve these aims, the Scottish Executive's core spending on health is planned to rise from £6.2bn in 2002-03 to £6.7bn in 2003-04 – this represents approximately a third of the devolved Scottish budget. In addition, a new way of sharing NHS funds across Scotland is now in place to address relative healthcare needs, including those caused by deprivation and by geographical remoteness.

17 The Scottish Health White Paper *Partnership for Care*, published in February 2003, is about the promotion of health in the broadest possible sense and the creation of a health service that is fit for the 21st Century. At the heart of its vision is a culture of care that is developed and fostered by a new partnership between patients, staff and Government. This is a comprehensive but pragmatic set of reforms, which address the real challenges facing the NHS in Scotland. The reforms include:

- A wider range of services (diagnostic, treatment, and rehabilitation) delivered locally in communities.
- Existing Local Health Care Co-operatives will evolve into new Community Health Partnerships that will be more accountable to local communities, better matched with social work services and better able to represent local interests within the NHS Boards.
- NHS Trusts will be abolished. NHS Boards will be required to devolve authority to frontline units and involve their professionals.
- New guarantee of treatment on time, initially for certain hear surgery, but to be extended to services with national waiting time targets. New local targets for specialties.
- Vigorous independent monitoring of services by NHS Quality Improvement Scotland to ensure highest standards of care and cleanliness.
- A new approach to public involvement, with a new Scottish Health Council, as part of NHS Quality Improvement Scotland, to ensure that NHS Boards fulfil their new duties.
- Patients to be partners in decision making – plans for an Integrated Care Record owned jointly by patients and their health care professionals. A new statement of patients' rights and responsibilities and new complaints procedure.

- New change and innovation fund to build a new model NHS designed by clinicians in partnership with patients and removing barriers between primary and hospital care.

- More help for staff through professional development and training to encourage new skills and roles to meet the needs of the NHS. A new approach to workforce planning.

- A cross-Executive initiative to attach the cause of ill-health, help people make choices to improve their health and reduce health inequalities.

Wales

18 In Wales, the five health authorities were replaced in April 2003 by 22 Local Health Boards (LHBs), which are responsible for identifying local health needs and commissioning local health services from primary care providers and the 13 hospital trusts in Wales. At the same time, Health Commission Wales (Specialist Services) was established as an agency of the Welsh Assembly to commission specific services on a national or regional basis. Around three quarters of the NHS budget is allocated to the LHBs.

19 The LHBs have boards of up to 25 people, which are widely representative of the primary care professions, the local authority and other partners, and include a lay representative and a carer. Each LHB covers the same area as a unitary local authority to facilitate close working between the two. The LHB and local authority have a joint statutory duty to prepare – with partners such as the voluntary sector – a local Health, Social Care and Well Being Strategy that addresses long term health and care needs of the local population, building on the strong focus on prevention of illness through collaborative action which has been developing in Wales (set out in "*Well Being in Wales*", September 2002). Wales has some of the poorest health in Europe, and the Welsh Assembly Government has recently introduced a new formula for allocating resources to LHBs which takes into account differences in local health needs, and has provided the "*Inequalities in Health Fund*" which supports projects in deprived areas.

20 The Welsh Assembly Government has established three regional offices to support and performance manage NHS organisations in meeting Welsh national standards and objectives. Performance management is based round an ethos of continuous improvement against a "balanced scorecard". The Assembly has also worked to develop a stronger voice for patients in decisions about services, and is developing the role of Community Health Councils in representing patients.

21 Some national bodies – such as NICE and CHI – work jointly for England and Wales. CHI, however, has a slightly different role in Wales and is not required to give a "star rating" to Welsh NHS trusts; this difference will increase with its proposed successor, CHAI, as the Welsh Assembly Government intends (subject to legislation) to establish its own Health Inspectorate.

22 Wales has its own long term plan for the NHS – "*Improving Health in Wales*" published in 2001 – which sets a general direction of increased emphasis on prevention of illness alongside strengthened primary, community and social care, whilst tackling priority areas in the acute sector such as long waits for treatment and building capacity. More recently, the Assembly commissioned "*The Review of Health and Social Care in Wales*", published in July 2003, which recommends taking forward this change programme further and faster; a response to this and implementation plan are being prepared for the autumn.

Northern Ireland

23 The HPSS is administered by the Department of Health, Social Services and Public Safety, 4 Health and Social Services Boards, 19 Health and Social Services Trusts and 5 Special Agencies. There are also 4 Health and Social Services Councils. The four Boards were originally set up to deliver the full range of health and social services, under the direction of the Department. With the creation of the internal NHS market in the 1990s, Boards were given responsibility for determining the needs of their population for health and social services. They became commissioners of services, purchasing them from a range of service providers.

24 The main providers of services were the Trusts, which inherited the responsibility for the delivery of services from the Boards. The Trusts were given a high degree of management autonomy, and competed with each other for contracts covering the delivery of health and social services.

25 At present, 19 Trusts and 5 Special Agencies deliver a wide range of hospital, community health and social care services. These consist of 7 Trusts that provide acute hospital services only, 5 Trusts that provide community health and social services only, 6 fully integrated Trusts providing both hospital and community health and social services, and one regional Ambulance Trust. The special agencies provide a number of services, including payments to independent practitioners, regional supplies, blood transfusion services, medical physics, guardian ad litem services for children and health promotion

26 GP Fundholding has been abolished, and Local Health and Social Care Groups (LHSCGs), replacing GP Fundholding have been set up, to bring a much more inclusive approach to the identification of local needs and the commissioning of services.

27 The current role of the Department, the 4 Health and Social Services Boards, the 19 Health and Social Services Trusts, the 5 Special Agencies and the 4 Health and Social Services Councils is presently under review to determine whether they are appropriate in the new environment of partnership and cooperation. It is hoped to issue a consultation document on this in the summer of 2004.

NHS WORKFORCE

28 Some 1.1 million people work in the NHS in England. This excludes staff working for commercial companies providing services such as catering, cleaning or laundry. With the exception of primary care, all staff are employed by the NHS – or more precisely by the individual NHS organisation for which they work. NHS consultants may undertake private practice subject to certain contractual requirements.

29 GPs and other primary care practitioners are self-employed and contract to provide services to the NHS. They may practice single-handedly or in partnerships or group practices (there are some 8,800 GP practices in England). GPs are increasingly employing a range of healthcare professionals – particularly nurses and therapists – to provide care. GP remuneration has traditionally been based on the quantity of care provided, through a combination of capitation payments, fee for service and incentive payments, eg. to deliver high levels of childhood immunisation and cervical screening. A new General Medical Services (GMS) contract will increasingly link GP income to the quality of care provided to their patients.

30 The NHS currently suffers from a shortage of key professional staff such as doctors and nurses. This is being tackled by a range of measures:

- Increasing training places – the number of medical school places in the UK increased from 5062 in academic year 1997/98 to 6115 in 2001/02 and is planned to increase to some 7250 in 2005/06. Nurse training places are also increasing from 14984 in 1996/7 to 23181 in 2002/03 in England.

- Encouraging staff to return to practice and improving retention.

- International recruitment – the UK has long been heavily dependent on overseas trained doctors in training grades and is now recruiting consultants, GPs and nurses internationally, concentrating on countries which have not been traditional sources of recruitment for the UK, notably continental Europe.

- Changing skill-mix and the way in which staff work to increase flexibility of role.

31 There are strong systems of professional regulation which are being reformed to make them more patient-centred. Regulatory arrangements will be extended to other groups who provide “hands on” care to patients. There is also increasing emphasis on appraisal and revalidation across professions.

MEDICAL AND NURSE EDUCATION AND TRAINING

32 Undergraduate medical training normally lasts for 5 years, through increasingly students take intercalated years for research and there are shorter courses for graduates and those with relevant qualifications. Undergraduate education is funded by the Higher Education Funding Council for England and its equivalents in other countries.

33 Following graduation all doctors spend a year working in hospitals as Pre-Registration House Offices (PRHOs), before eligibility for full registration. This is followed by two to three years training as a Senior House Officer (SHO), again in hospital-based posts. After SHO training different training paths are followed for general practice and specialist practice.

34 For general practice there is one year of GP registrar training in an approved practice, following successful completion of which a GP can practise independently. For specialist practice a trainee will spend a period (between 3 and 6 years depending on specialty) as a Specialist Registrar (SpR) training in her or his specialty of choice. Entry to SpR training is on a competitive basis and in some popular specialties not all SHOs wishing to train in the specialty will be able to do so. They may look to train in another specialty, remain inappropriately in SHO posts or take up a post as a staff grade or other non-consultant career grade (NCCG) undertaking service work. On successful completion of specialist training a doctor is eligible to apply for a consultant post.

35 Following the publication of "Unfinished Business", the Chief Medical Officer's report on SHO training, there are plans for major reform to postgraduate medical training and medical career pathways under the banner of the "Modernising Medical Careers" initiative. Proposals for reform include:

- the introduction of two-year Foundation Programmes to replace the current PRHO year and first year of SHO training;

- an examination specialty by specialty of the scope to develop new roles for consultation to deliver front-line patient care coupled with a review of the current specialist training programmes to consider the most appropriate model of training to deliver these new consultants;

- further work to develop and improve competency based assessment as the basis for progress through training; and

- reform of the NCCGs to provide clear pathways between training and service and better support for the continuing development of doctors in the NCCGs.

These proposals will be developed, tested and evaluated through a series of pilot schemes in different settings across the NHS.

36 Pre-registration nurse education normally lasts for 3 years and is university-based, with a mix of academic study and clinical placements. It is funded by the NHS through the Multi-professional Education and Training (MPET) budget which also supports post-graduate medical and dental training, the additional service costs of undergraduate medical teaching and pre-registration education for a range of allied health professionals. The MPET budget for 2003-04 is some £3.4bn ($5.5bn).

37 There is a wide range of post-registration and CPD opportunities available for nurses and other health professionals. There are also plans to develop a multi-professional learning framework beyond registration to bring coherence to standards, credits and learning pathways at this level.

DEPARTMENT OF HEALTH
July 2003

Data for the International Medical Workforce Conference,
from UK Department of Health

Spending on health care as a percentage of GDP and per capita is set out in Table 1 below.

Table 1.

		1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Expenditure on Health (% of GDP)	Public	5.0	5.4	5.8	5.9	5.9	5.8	5.8	5.4	5.5	5.7	5.9
	Private	1.0	1.1	1.1	1.0	1.1	1.1	1.2	1.4	1.4	1.4	1.4
	Total	6.0	6.5	6.9	6.9	7.0	7.0	7.0	6.8	6.8	7.1	7.3
Expenditure on Health Per Capita (£)	Public	487	545	616	652	686	717	755	746	793	868	929
	Private	96	109	113	114	132	138	155	187	199	215	218
	Total	583	654	729	766	818	855	910	933	993	1,083	1,146
Expenditure on Health Per Capita (US$)	Public	870	956	1,081	973	1,055	1,138	1,179	1,222	1,322	1,400	1,407
	Private	171	191	197	170	203	219	243	307	332	347	330
	Total	1,041	1,148	1,278	1,143	1,258	1,356	1,422	1,530	1,654	1,747	1,737
£ per US $		0.56	0.57	0.57	0.67	0.65	0.63	0.64	0.61	0.60	0.62	0.66
US$ per £		1.79	1.75	1.75	1.49	1.54	1.59	1.56	1.64	1.67	1.61	1.52

Source: OECD Health Data 2002 4th ed.

Information on spending by category is not available in the form requested. Table 2 sets out information on spending on salaries of staff from 1991 – 2002. This does not include training and is for England only. Table 3 shows a breakdown of expenditure for the financial year 2000 – 2001 for drugs and equipment.

The total amount spent on hospitals in 1999-2000 = £19,328 m
The total amount spent on hospitals in 2000-2001 = £21,313 m

Table 2.

Salaries and Wages of Health Authorities & NHS Trusts - England
(Agency Staff included within categories)

	1991 £	1992 £	1993 £	1994 £	1995 £	1996 £	1997 £	1998 £	1999 £	2000 £	2001 £
General & Senior Managers	251,474,786	383,837,422	497,624,740	611,684,923	716,051,624	789,506,545	866,974,006	911,538,966	952,326,989	1,049,366,667	1,186,441,940
Medical	1,623,494,563	1,854,932,168	2,145,801,584	2,219,836,373	2,341,182,025	2,533,509,361	2,754,300,649	2,935,302,292	3,215,037,445	3,570,368,943	4,034,834,517
Dentists	66,924,355	71,456,922	74,330,887	75,420,499	78,138,527	80,453,753	83,529,841	86,615,204	85,939,012	94,273,035	103,485,948
Nurses	5,379,565,331	5,874,914,037	6,230,992,348	6,240,163,323	6,316,866,838	6,384,079,651	6,485,882,549	6,631,381,475	6,982,090,433	7,685,454,812	8,336,100,498
Profession Allied to Medicine	533,395,426	608,754,393	685,611,423	713,424,314	766,639,501	822,976,308	877,831,259	873,409,496	928,016,415	1,020,899,824	1,115,933,267
Scientific, therapeutic and technical	687,933,971	812,547,418	885,261,485	922,368,424	937,006,382	1,058,890,564	1,135,948,135	1,226,040,107	1,338,041,848	1,467,239,667	1,648,934,657
Opticians (Note 1)	2,660,363	3,234,829	4,227,844	4,579,040	3,606,282	-	-	-	-	-	-
Pharmacists (Note 1)	76,621,878	86,112,699	94,852,017	106,649,803	101,852,348	-	-	-	-	-	-
Admin & Clerical	1,246,060,077	1,425,918,434	1,545,005,334	1,594,275,371	1,637,149,103	1,698,966,580	1,785,112,236	1,825,644,408	1,936,739,369	2,075,938,090	2,278,753,675
Ancillary	882,119,604	913,958,383	922,641,182	871,320,359	834,669,386	-	-	-	-	-	-
Maintenance	213,451,227	225,370,473	225,295,611	215,705,382	202,670,091	258,482,911	246,488,163	231,519,418	233,086,870	234,960,273	240,425,770
Ambulance	236,783,696	272,240,680	279,993,627	289,788,892	301,566,872	313,618,541	324,849,258	333,653,418	354,759,670	364,310,426	396,058,269
Healthcare assistants (Note 2)	6,685,615	16,169,831	30,364,247	26,367,205	41,494,497	855,877,880	946,088,817	974,039,367	992,476,222	1,046,265,829	1,085,631,909
All other staff											

	-	-	-	-	-	140,524,649	47,968,267	46,276,085	40,646,565	62,288,084	68,709,498
Chairmen	4,875,292	12,681,578	17,091,625	21,784,103	24,433,607	24,344,310	24,732,659	23,526,326	21,944,201	31,834,856	34,101,627
TOTAL SALARIES AND WAGES	**11,212,046,184**	**12,562,129,267**	**13,639,093,954**	**13,913,368,011**	**14,303,327,083**	**14,961,231,053**	**15,579,705,839**	**16,098,946,562**	**17,081,105,039**	**18,703,200,506**	**20,529,411,575**

Source:

1. Annual accounts of district and regional health authorities and the special health authorities for the London postgraduate teaching hospitals, 1990/91.
2. Annual financial returns of district and regional health authorities and the special health authorities for the London postgraduate teaching hospitals, 1991/92 & 1995/96.
3. Annual financial returns of NHS trusts, 1990/91 to 2000/2001
4. Annual Financial Returns of Health Authorities 1996/7 to 2000/2001
5. Annual Financial Returns of Primary Care Groups/Trusts 2000/2001

Notes:

1. Included within professional and scientific 1995/96 - 1997/98
2: Includes 'other NHS Trust staff' for years 1991/92 - 1993/94, ancillary staff 1995/96 - 1997/98 and other support staff 1995/96 - 1997/98
3: Totals may not agree due to rounding

Table 3.

ANALYSIS OF EXPENDITURE BY TYPE

SECTION B: Non-Pay Expenditure	EXPENDITURE £ "086"
CLINICAL SUPPLIES & SERVICES:	
Drugs (including gases)	1,515,722,071
Dressings	91,701,389
Medical & Surgical Equipment - Purchase	1,314,749,499
Medical & Surgical Equipment – Maintenance	81,039,378
X-Ray Equipment - Purchase	29,517,756
X-Ray Film & Chemicals - Purchase	55,129,154
X-Ray Equipment - Maintenance	51,936,738
Appliances	284,929,644
Laboratory Equipment - Purchase	240,885,799
Laboratory Equipment - Maintenance	24,918,515
Other Clinical Supplies	135,474,536
Total Clinical Supplies and Services	3,826,004,479
GENERAL SUPPLIES AND SERVICES:	
Provisions & Kitchen	259,315,305
Contract Hotel Services (incl. Cleaning)	321,297,917
Uniforms & Clothing	79,481,428
Laundry & Cleaning Equipment	71,780,090
Bedding & Linen	64,471,681
Total General Supplies and Services	796,346,421
ESTABLISHMENT EXPENDITURE:	
Printing & Stationery	172,877,843
Postage	45,331,822
Telephones	156,332,669
Advertising	91,733,138
Travel, Subsistence & Removal Expenses	281,821,631
Other Transport Costs (includes transport & moveable plant)	242,319,019
Total Establishment Expenditure	990,416,122

Source: Annual financial returns of NHS Trusts
Financial returns for the year ended 31 March 2001

TFR National Summaries 2000/2001

PROVISIONAL

Table 4 below provides information on planned increases in NHS spending in England to 2007-08.

Increased investment in the NHS is intended to improve and modernise services for patients. There will be investment in staff, hospital and primary care facilities and IT with the aim of increasing the volume of services, changing the way in which services are delivered and improving the quality of care for patients, not least by reducing waiting times in primary and secondary care. Fuller details are set out in "The NHS Plan", "Delivering the NHS Plan" and other Department of Health documents.

Table 4.

England Net NHS Expenditure Plans (Stage 2 Resource Budgeting) 2002/03 to 2007/08, as announced by the Chancellor in Budget 2002.

						£billion
	2002/03 plan	**2003/04 plan**	**2004/05 plan**	**2005/06 plan**	**2006/07 plan**	**2007/08 plan**
Net Revenue Expenditure	**53.5**	**58.5**	**64.1**	**70.0**	**76.7**	**84.1**
% real terms increase		6.4	6.8	6.7	6.8	7.0
Net Capital Expenditure	**2.2**	**2.8**	**3.4**	**4.4**	**5.2**	**6.1**
% real terms increase		23.7	16.8	25.9	15.5	15.9
Total Net NHS Expenditure	**55.8**	**61.3**	**67.4**	**74.4**	**81.8**	**90.2**
% real terms increase		7.1	7.2	7.6	7.3	7.5

Table 5 below shows forecast economic growth for [2003-2005]

Table 5

2003 2-2.5%
2004 3-3.5%
2005 3-3.5%

Figures from http://budget2003.treasury.gov.uk/page_02.html

Provision

Licensed Physicians

	1990	1998	1999	2000	2001	2002 [1]
Total Number of licensed physicians in practice (excluding trainees on educational licences) [2]	77,354	91,837	93,981	96,319	99,169	103,350
Number of Licensed physicians in practice (excluding trainees on educational licenses) per 100,000 population	162	189	192	197	202	209
Total Number of UK graduated physicians	--	64,469	65,806	67,151	68,900	70,150
Number of UK graduated physicians in practice per 100,000 population	--	132	135	137	140	142
Total Number of non-UK graduated physicians	--	27,368	28,175	29,168	30,269	33,200
Number of non-UK graduated physicians per 100,000 population	--	56	58	60	62	67

[1] Population estimate for 2002 based on resident population projection provided by the Government Actuary's Department (GAD). Population estimates for other years provided by the Office for National Statistics (ONS).
[2] Excludes GP Retainers, who were first counted in 1999.
-- denotes data not available.
All data are for England as at 30 September, except for GP data which are for England as at 31 October from 1990-1999, and 30 September from 2000 onwards.

Primary Care Physicians in Practice

	1990	1998	1999	2000	2001	2002 [1]
Total number of primary care physicians in practice (excluding those in training)	27,523	29,697	29,987	30,252	30,685	31,182
Number of primary care physicians in practice per 100,000 population.	58	61	61	62	62	63

[1] Population estimate for 2002 based on resident population projection provided by the Government Actuary's Department (GAD). Population estimates for other years provided by the Office for National Statistics (ONS).
All data are for England as at 30 September, except for GP data which are for England as at 31 October from 1990-1999, and 30 September from 2000 onwards.

Hospital Physicians in Practice

	1990	1998	1999	2000	2001	2002 [1]
Total number of consultants in practice (excluding those in training)	16,525	22,324	23,321	24,401	25,782	27,070
Number of consultants in practice per 100,000 population.	35	46	48	50	52	55
Total number of non-consultant hospital physicians in practice [2]	1,221	4,667	5,283	6,067	6,595	7,035
Number of non-consultant hospital physicians per 100,000 population	3	10	11	12	13	14

[1] Population estimate for 2002 based on resident population projection provided by the Government Actuary's Department (GAD). Population estimates for other years provided by the Office for National Statistics (ONS).
All data are for England as at 30 September.
[2] Non-consultant hospital grades are Associate Specialist and Staff Grade.

Hospital Physicians in Training

	1990	1998	1999	2000	2001	2002 [1]
Total number of PRHO physicians in training	3,126	3,496	3,606	3,691	3,742	4,010
Number of PRHO physicians in training per 100,000 population.	7	7	7	8	8	8
Total number of SHO physicians in training	11,165	15,221	15,239	15,501	15,830	17,135
Number of SHO physicians in training per 100,000 population	23	31	31	32	32	35
Total number of Specialist physicians in training [2]	10,170	12,131	12,682	12,730	13,220	13,770
Number of Specialist physicians in training per 100,000 population	21	25	26	26	27	28
Total number of GP Registrars in training	1,562	1,446	1,520	1,659	1,883	1,980
Number of GP Registrars in training per 100,000 population	3	3	3	3	4	4

[1] Population estimate for 2002 based on resident population projection provided by the Government Actuary's Department (GAD). Population estimates for other years provided by the Office for National Statistics (ONS).
[2] Registrar Group: The Specialist Registrar grade was introduced in individual specialties, on a rolling basis, from 1 April 1996. Recruitment to the Registrar and Senior Registrar grades has now ceased and these grades will be phased out as the present incumbents complete their current contracts. The numbers of doctors in the specialist registrar, senior registrar and registrar grades have been grouped together for the table above.
All data are for England as at 30 September.

Medical School Places UK

	1990	1998	1999	2000	2001	2002
Total number of medical school places	4311	5069	5302	5610	6115	
Number of medical school places per 100,000 population.	9	10	11	11	12	

Source HESA

Employed Nurses

	1990	1998	1999	2000	2001	2002
Total number of nurses employed in primary care	13607	18894[(3)]	19495[(3)]	19200	19846	20983
Number of nurses employed in primary care per 100,000 population.	29	39	40	39	40	43
Total number of nurses employed in secondary care	285359	304563	310142	316752	330535	346537
Number of nurses employed in secondary care per 100,000 population	598	626	635	646	672	702

Population estimates for all years based on 2001 census provided by the Office for National Statistics (ONS). All data are for England.
Source for nurses employed in primary care: Department of Health Medical Census September 2002. All Data are for England as at 1st October 1990-1999 and 30th September 2000 and 2002.
(3) Headcount Practice Nurse figures are estimated for these years based on the 1997 wte to headcount ratio.
Source for nurses employed in secondary sector: Department of Health Non-Medical Census September 2002 as at 30th September.

Employed Allied Health Professionals

	1990	1998	1999	2000	2001	2002
Total number of physiotherapists employed	12,358	14,699	15,070	15,608	16,212	16,885
Total number of arts therapists employed	389	621	646	698	687	742
Total number of chiropodists & podiatrists employed	3,567	3,325	3,368	3,473	3,561	3,638
Total number of clinical scientists employed	2,354	11,470	11,902	12,665	13,398	14,920
Total number of dieticians employed	1,530	2,383	2,517	2,607	2,772	2,906
Total number of medical laboratory technicians employed	..	20,501	20,746	22,339	22,952	24,663
Total number of occupational therapists employed	6,241	12,118	12,663	13,129	13,914	14,749
Total number of orthoptists employed	805	1,327	1,326	1,354	1,464	1,504
Total number of prosthetists & orthotists employed	..	..	..	..	..	..
Total number of paramedics employed	..	6,526	6,498	6,790	7,075	7,147
Total number of radiographers employed		10,645	10,839	11,036	11,163	11,489
Total number of speech & language therapists employed	3,445	5,031	5,185	5,430	5,685	5,960

Population estimates for all years based on 2001 census provided by the Office for National Statistics (ONS). All data are for England.
Source: Department of Health Non-Medical Census. All Data as at 30 September
.. Not Applicable