A PICTURE OF
HEALTH AND EDUCATION

Higher education – a core strategic asset to the UK

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HIGHER EDUCATION IN FOCUS: PROFESSORS AND PATIENTS
Foreword

Our universities are an indispensible part of the UK’s healthcare system. This publication is the first in a series of Universities UK reports depicting the vital connections between higher education and healthcare. It illustrates the virtuous partnership between health providers and universities in supplying and developing the healthcare workforce. It also summarises the education of healthcare staff in terms of demand, supply, and funding and commissioning landscapes. Subsequent UUK publications will focus on research and innovation, and workforce planning.

Demands on the UK health system are growing but also changing in nature. Meeting these needs will require flexible, high-quality staff and services. UK universities sustain and enrich our health services not only by supplying and developing the healthcare workforce but also by being the crucibles for service innovation and excellence. Only by drawing on the people and resources in UK higher education, and the knowledge permeating UK universities, will future health challenges be met.

Healthcare education in universities engages a population of trainees and teachers equivalent in size to the cities of Edinburgh or Bristol. Some activities are obvious, such as educating our future nurses and doctors, but many equally essential elements such as training the next generation of trainees receive less attention. Yet of the total Department of Health budget, less than one pound in a hundred supports universities’ contribution to the healthcare workforce. Thus, at a time when the need to invest in education to develop quality staff and agile services has never been greater, universities provide a great deal for the government and the public alike.

Following wider health reforms, the management and funding flows of health education in England are changing. These changes are far reaching and may indicate the shape of things to come for other UK nations. This publication provides an opportunity to view these policy changes in the context of public health needs and the current ecosystem of health education delivery.

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President, Universities UK
Health education in context
A portrait of demand

Health education is about aligning the supply of appropriate healthcare staff with the demand for them. This is a complex balance which rarely, if ever, reaches equilibrium. This picture of health and education begins by painting a portrait of demand for healthcare staff.

Demand for healthcare staff is a factor of population care needs, health service provision and configuration, and, crucially, the resources available to train and employ staff. The health education system must take into account the need to meet demand not only now, but also in the future to anticipate changes in public health and service innovation.

Population needs
With a growing and changing population, and rising expectations, demand for healthcare in high, can only increase, and is evolving in nature.

Service provision and configuration
Service provision and configurations never stand still. Changes in demand, best practice and funding ensure services are permanently between one system and another and are constantly asking for new skills. Therefore, the data here is merely the latest snapshot.

For future care to be proficient yet prudent, future patterns of provision will depend on flexible resources that focus on prevention while shifting care closer to home. Deploying new service models, and utilising advances such as telehealth and cutting-edge cures, will have an impact on workforce requirements.

Resources available
UK NHS real-terms expenditure has doubled since 1994 and this has allowed the NHS to expand its workforce and deliver more care. But health education resources have not grown at the same rate – and real budget growth since 2009 and looking forward is minimal.

Health spend per capita (USD PPP)

The real UK NHS budget has doubled since 1994. But future growth will be minimal.

The proportion of NHS England spend on education is falling.
**The health education system: An ecosystem of supply 2010–11**

Universities are an interface between clinical academics and students. They provide the principal setting for the early years of medical and dental education before registration, and for roughly half of the training for non-medical health education up to qualification.

Healthcare providers are the interface between health professionals and patients. They also provide the principal setting for the later years of medical and dental training, the second (placement) half of non-medical health education, and some CPD training for medical and non-medical staff.

‘Clinical academic pathways’ (CAPs) bridge service provision and education and are commissioned both nationally and also by local health providers and commissioners. These career opportunities empower health professionals to innovate through research and they inspire the next generation of educators.

**Virtuous partnership**

Synergy across both habitats drives innovative, high quality, patient-centred and efficient care. University and teaching hospitals in England have lower mortality ratios than other hospitals.

**Other hospitals**

- above average SHMI
- average or below average SHMI

**University hospitals**
Money and management

Funding landscape 2011–12

The final piece of the picture concerns commissioning: the process by which education priorities are set and resources are allocated.

The UK departments of health are responsible for educating, training and developing the UK healthcare workforce. And, while there are other significant funding streams, it currently invests £5.5 billion per year to this end.

The constituent UK nations each allocate and manage these resources differently and through different bodies.

UK departments of health education spend: £5.48bn

Strategic Health Authorities

£6bn
Allocated nationally to SHAs for regional health programmes

£90bn
Allocated to PCTs

£10bn
National level budget items

£6bn
In 2011–12 the Strategic Health Authorities’ resources went to regional health programmes. These regional budgets were distributed regionally to the SHAs.

£5bn
In national education (MPE) taken from a ‘top slice’ of the NHS budget.

£10bn
In 2011–12, £805m of NMET paid for non-medical education tuition fees; £169m funded CPD courses offered by universities, including national training priorities; and £20m supported CAPs.

£1.5bn
Of the total English NHS budget, less than one pound in a hundred supports universities’ contribution to the healthcare workforce.

£2bn
As medical university tuition is funded by students, the national funding councils and the NHS bursary, NMET is the only DH education stream to directly reach universities.

£525m
Regional decisions split the education budget into three streams: NMET, MADEL and SIFT.

£900m
SIFT funds medical and dental placements by supporting NHS providers.

£2bn
NMET funds tuition for nurses, midwives and AHPs as well as the NHS bursary scheme.

£2bn
NMET funds tuition for nurses, midwives and AHPs as well as the NHS bursary scheme.

£1.5bn
Madel provides salary support to junior doctors and dentists working in NHS providers.

£169m
SIFT also funded the £525m NHS bursary scheme paid to students for maintenance support.

£169m
£20m
£494m
£169m
£20m
£494m

£169m funded CPD offered by NHS providers and salary backfill for NHS staff in training.

£90bn
Regional health programmes and service quality assurance.

£10bn
In 2011–12 the remaining £900m of SHA resources funded strategic health programmes.

£5bn
£5bn

England, Scotland, Wales, Northern Ireland

In England, in line with wider health reforms, the health education commissioning structure is changing from 2013. These changes are far reaching and may indicate the shape of things to come for other UK nations. The current commissioning and funding landscape is captured here.

National

Some education volumes and priorities are set nationally by the DH. These include, for example, setting the total number of trainee doctors and dentists, or increasing the supply of health visitors.

Regional

Decisions, based on local needs, are made by SHAs together with regional deaneries. These decisions concern non-medical health students, bursary support for all health students, NHS staff development, and also in which universities or hospitals education and training will take place.

Higher education

Universities

Money and management Funding landscape 2011–12

England   Scotland   Wales   Northern Ireland

Strategic Health Authorities

£4,980m

DHSSPS

£100m

Welsh

Deanery

£100m

NLIAH

£90m

NIMDTA

£50m

NHS Education Scotland £390m

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A picture of health and education
The DH will still set the overall education outcomes for the health system.

HEE will consult the NHS Commissioning Board and Public Health England.

LETBs will consult local education providers and other local stakeholders.

Universities will be involved with LETBs. The level of this involvement may vary by region.

National oversight for health education will be moving from the DH to a new body, Health Education England (HEE).

HEE will consult the NHS Commissioning Board and Public Health England.

Groups consisting mainly of regional providers, called Local Education and Training Boards (LETBs), will be absorbing the education functions of the SHAs and deaneries.

Universities will continue to engage at national level through the Health and Education National Strategic Exchange (HENSE).

‘A picture of health and education’ is the first in a series of UUK reports depicting the vital connections between higher education and healthcare. Subsequent publications will focus on research and innovation, and workforce planning.

Further information on the Higher education in focus series, together with the detailed data and a full list of sources used in this publication, can be found at:

http://www.universitiesuk.ac.uk/HigherEducationInFocus
Higher education in focus

Outputs in Universities UK’s Higher education in focus series provide an overview of the shape and impact of the UK’s higher education sector, using simple and innovative visualisations of data.

This publication has been produced by Universities UK, the representative organisation for the UK’s universities. Founded in 1918, its mission is to be the definitive voice for all universities in the UK, providing high quality leadership and support to its members to promote a successful and diverse higher education sector. With 134 members and offices in London, Cardiff and Edinburgh, it promotes the strength and success of UK universities nationally and internationally.

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