

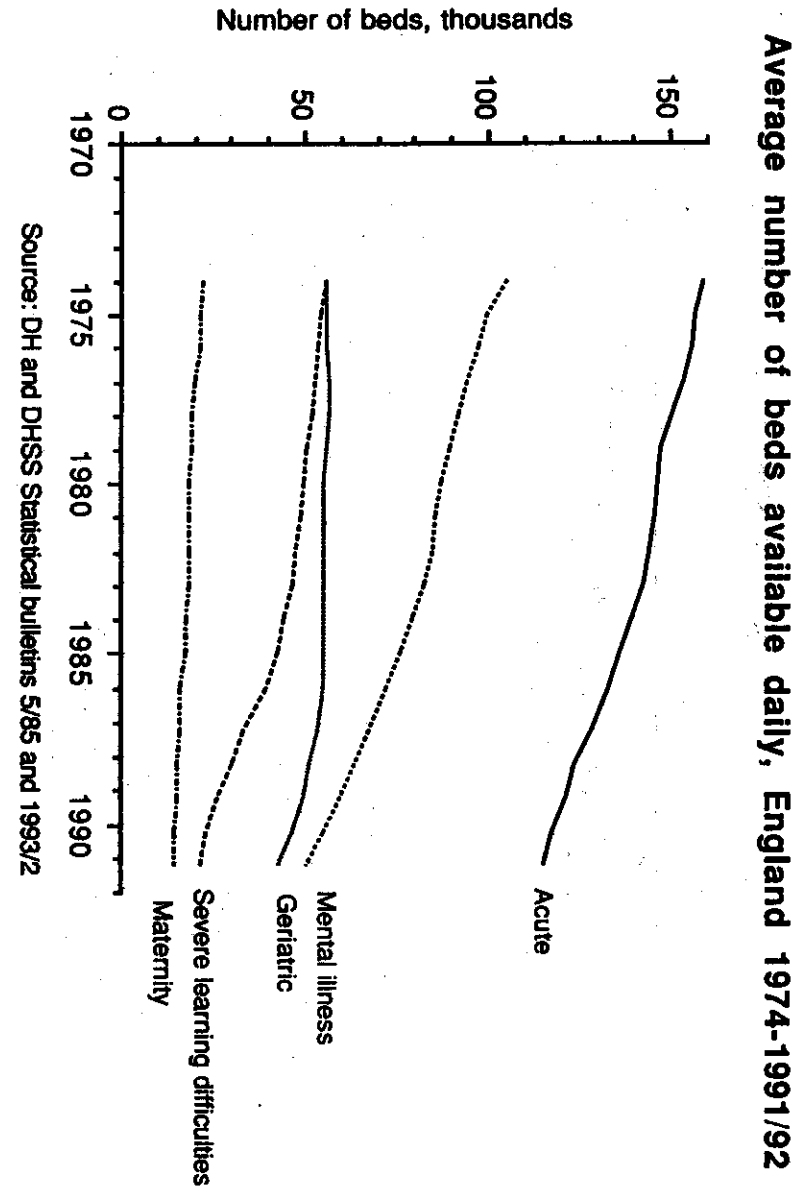
Statistics of the internal market

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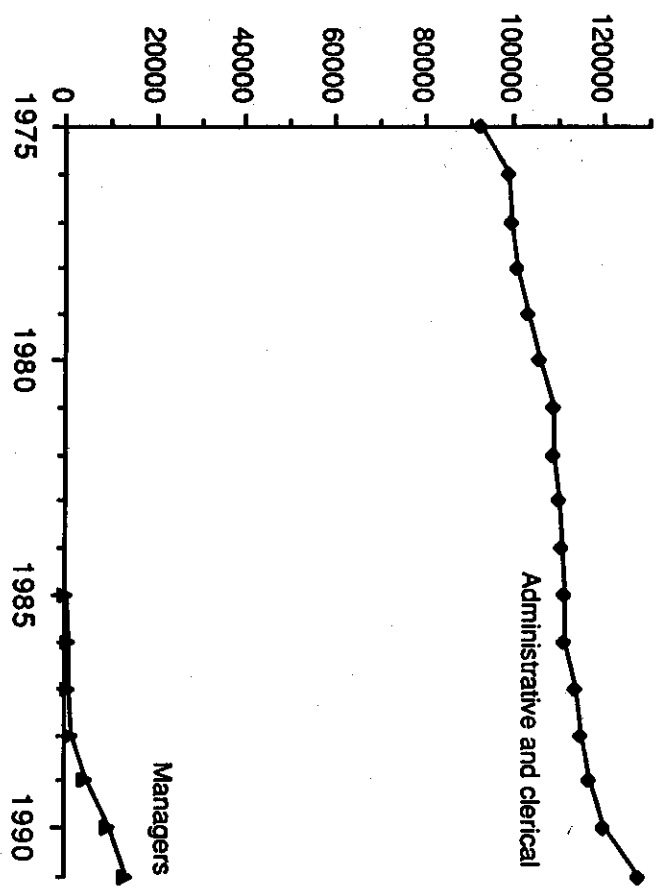
As national statistics take some time to compile, data for the financial year 1991-92, the first year of the NHS internal market, have emerged only relatively recently. This brief article, originally written as part of a regular series contributed by the Health Group to the magazine 'Health matters', presents a selection of data for England.

Figure 1 shows the continuing decline in the availability of hospital beds.^{1,2} The process of closure of long stay hospitals for people with mental illness or severe learning difficulties is a long term one which accelerated in the late 1980s. Unfortunately the statistics do not follow the residents out into the community to provide information about their rehousing and the care they now receive. The same applies to the more recent decline in beds in geriatric wards, nor is any distinction made between long stay and acute geriatric beds. The decline in numbers of acute beds has also accelerated since the late 1980s.

This decline reflects the increasing numbers of day case admissions, shown in Figure 2, in addition to cuts and closures. Figure 2 also shows sharp reported increases in all types of hospital activity in the acute sector in 1991-92, compared to the stagnant picture for 1990-91.² This increase has been cited by the government as evidence of the success of the internal market. Closer inspection in some districts suggests strongly that the increase may result from that more meticulous counting since the introduction of the market.^{3,4} This applies particularly to 'finished consultant episodes', which are derived by counting people each time they change consultant within a hospital stay. As the graph shows, this change, as well as adding in separate records for 'well babies' born in hospital has increased reported in-patient activity.

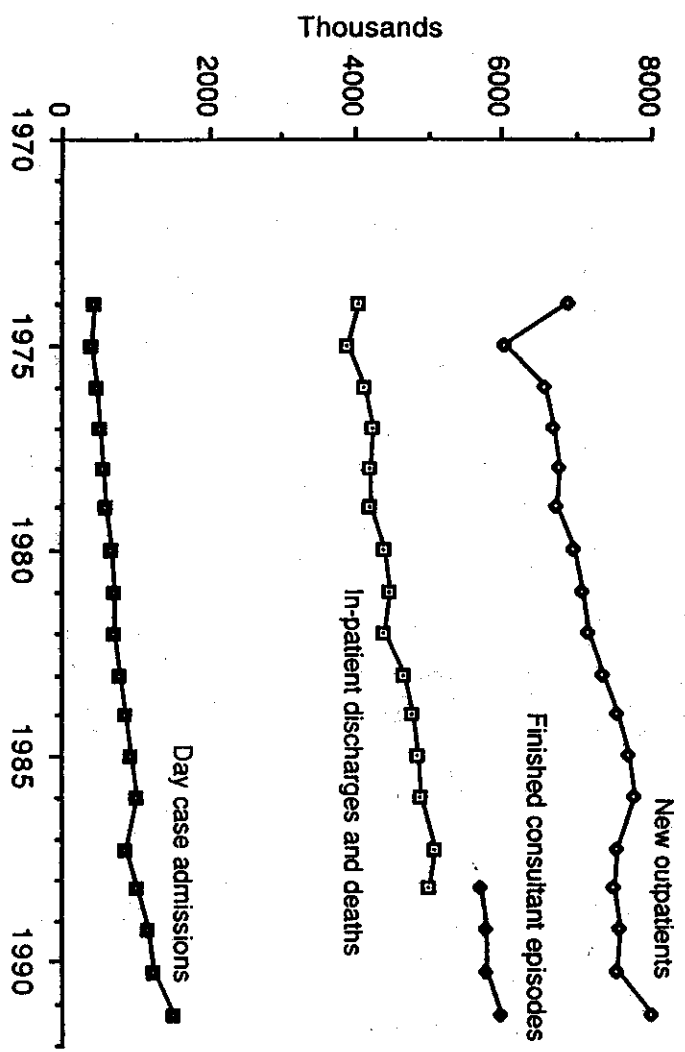


Numbers of managers and administrative staff employed in the NHS, England 1975-1991



Source: Hansard, March 26 1993, col 755

Activity in acute departments, England, 1974-1991/92



Source: DHSS and DH Statistical bulletins 5/85 and 1993/2

As expected, the introduction of the internal market added further to the growing numbers of managers and administrative and clerical staff, as shown in Figure 3.⁵ This has been contrasted in the press with decreases in numbers of nurses and midwives. One reason was the transfer of senior nurses and midwives to management grades, but the statistics are not kept in a way that enables the numbers transferred to be counted.⁶ Another reason for the decline in reported numbers of nurses and midwives is that, with the introduction of new courses under Project 2000, student nurses and midwives on the new courses are considered to be students and spend less time on the wards. As a result, they are no longer counted in the staffing figures. These two changes make it difficult to assess the contribution of job cuts and redundancies to the overall decline in numbers of nurses and midwives. What Figure 4 does make clear, however, is that there is considerable regional variation in the decline.

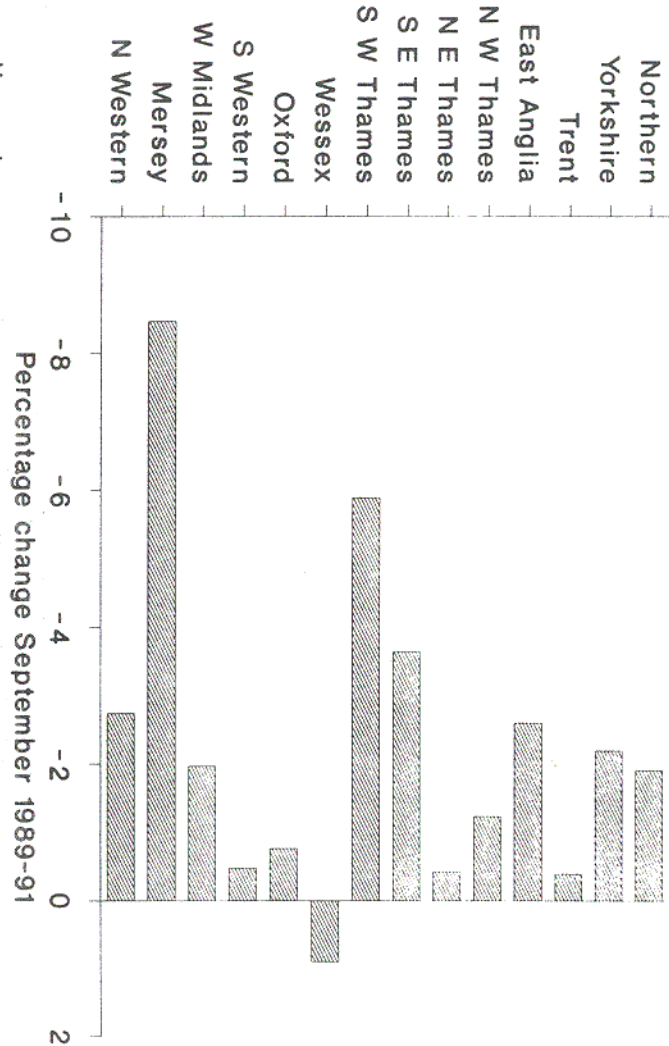
References

- 1 Department of Health and Social Security. Statistical bulletin 5/85. London: DHSS, 1985.
- 2 Department of Health. NHS hospital activity statistics: England 1981 to 1991-92. London: DH, 1993.
- 3 Clarke A, McKee M. The consultant episode: an unhelpful measure. *British Medical Journal* 1992; 305: 1307-8.
- 4 Seng C, Lessof L, McKee M. Who's on the fiddle? *Health Service Journal* January 7 1993, 16-17.
- 5 Written parliamentary reply. Hansard, March 26 1993, col 755.
- 6 Written parliamentary reply. Hansard, December 17 1992, col 421-422.

Acknowledgments

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Percentage change in numbers of wte nurses and midwives, England 1989-91



Source: Hansard