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BRIEFING PAPER

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NHS Funding and Expenditure

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Summary

Expenditure on the NHS has risen substantially since it was established on 5th July 1948. In the first full year of its operation, the Government spent around £11.4 billion in today's prices on health in the UK. In 2018/19, the figure was over ten times that amount at £152.9 billion. Growth in health expenditure has far outpaced the rise in both GDP and total public expenditure: each increased by a factor of around 4.8 over this period.

The average annual expenditure increase since 1958/59 is 3.9%. However, between 2000/01 and 2004/05 average annual spending growth was 8.7% which is higher than at any other time in the history of the NHS.

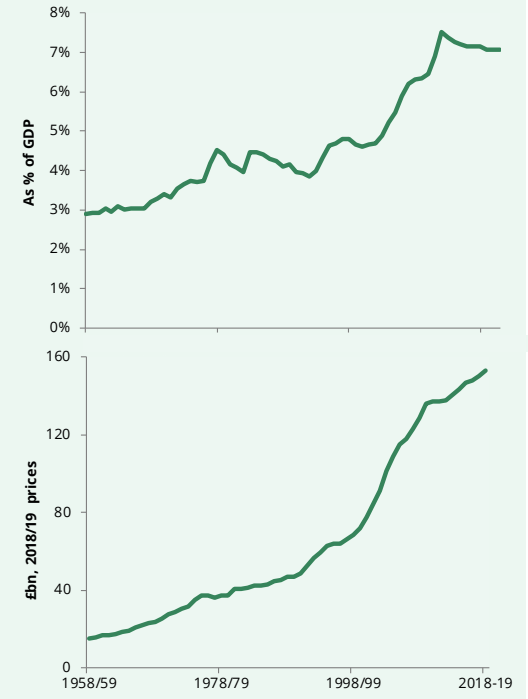
Responsibility for health services is devolved to the Scottish, Welsh and Northern Irish administrations. In 2017/18 health services expenditure per head was highest in Scotland (£2,353 per head) and lowest in England (£2,168 per head).

The focus of this briefing is on the structure, funding process and expenditure of the NHS in England. The structure and expenditure of the UK NHS is described briefly in Section 1. Expenditure in England is dealt with in Section 2.

In 2018/19, NHS England held a budget of £114 billion. The majority of this budget (£75.6 billion) was allocated to Clinical Commissioning Groups (CCGs) according to a population and needs-based formula. NHS England retains around a third of the budget (£38 billion in 2018/19) for the direct commissioning of specialised healthcare, primary care and military and offender services.

When looking at five-yearly periods, in England the largest increase in real terms spending growth (+8.7%) since 1950 occurred over the period 1999/2000 to 2003/04.

FIGURE 1: UK EXPENDITURE ON HEALTH



1. The UK NHS

1.1 Structure

The NHS was established on 5 July 1948, with the aim of providing a comprehensive range of health services to all UK citizens, financed by general taxation and free at the point of use.

The responsibility for the provision and development of health services lies ultimately with the Secretary of State for Health in England, the Minister for Health and Community Care for Scotland, the Minister for Health and Social Services for Wales and the Minister for Health, Social Services and Public Safety for Northern Ireland. They are supported by the Department of Health in England, the Scottish Executive Department of Health in Scotland, the NHS Directorate in Wales and the Department of Health, Social Services and Public Safety in Northern Ireland. The Scottish Parliament has competence over health and the National Assembly for Wales (NAW) has powers to shape the delivery of health services. However, unlike the Scottish Parliament, the NAW does not have law-making power over the running of the NHS. The Northern Ireland Assembly is intended to take an active role in shaping health services.

For more details on the current structure of the NHS see Commons Library Briefing CBP 7206 *The Structure of the NHS in England*

Each country has chosen to structure its National Health Service differently. A common theme of NHS funding across the countries is the allocation of a significant proportion of the NHS budget to local organisations (Clinical Commissioning Groups or Health Boards), which are responsible for meeting local need. Another common strand is for allocations to these organisations to be informed (but not entirely determined) by a needs-based funding formula, on the principle that it is desirable to achieve equal access to healthcare for people at equal risk across the country

The key difference between the countries lies in the role of the internal market. England and Northern Ireland have a 'purchaser/provider split', whereby one part of the health service (the purchaser) is responsible for contracting with the NHS and independent-sector organisations (the providers) to supply services for patients. Scotland and Wales have moved away from these market-orientated models since devolution: they dismantled the purchaser-provider split in 2004 and 2009 respectively. Local health boards in these countries are now responsible for both funding *and* provision of NHS services.

1.2 Sources of income

The vast majority of NHS funding ultimately derives from central (UK) taxation. Within the block grant allocated to each devolved administration (via the Barnett formula), each country is free to decide how much to spend on the NHS. The NHS can also raise income from patient charges, sometimes known as 'co-payments'. Devolved administrations have control over the level at which these are set.

Prescription charging

In England, around 10% of prescriptions involve a prescription charge, currently £9.00 per item. Wales, Scotland and Northern Ireland have abolished prescription charging. In 2018/19, England raised £576 million through the prescription charge (0.5% of the NHS resource budget).[1]

Dental Charging

All the devolved administrations charge for NHS dental treatment (although exemptions differ). In England, patients pay between £20.60 and £244.30 depending on the complexity of work performed.[2] In Wales, the range is £13.50 to £185.[3] In Northern Ireland, patients pay 80% of the cost of treatment, up to £384[4]; Scotland operates a similar system.[5] Income raised through dental charges amounted to £807m in England in 2018/19[6]; in Wales, the figure was £36.4m[7]. Estimates for Northern Ireland and Scotland are not available.

Other sources of income

Other, less significant sources of income are earned, for example, through charging overseas visitors and their insurers for the cost of NHS treatment. Hospitals can also raise revenue through car parking charges, patient telephone services etc. In addition, NHS Trusts can earn income through treating patients privately. In 2018/19, NHS Trusts in England generated £0.6 billion in income from private patients[8] and in Wales, the figure was £8.3 million.[9] Estimates for Northern Ireland and Scotland are not available.

1.3 Total expenditure

Figure 1 (also see Table 1) shows expenditure by central government on health in the UK, net of receipts from patients, as a percentage of GDP (top line) and in 2018/19 prices (bottom line). Figures are presented from 1958/59 onwards, although some changes in the responsibilities of the NHS mean that the series is not fully consistent over the period.

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[1] Department of Health Annual Report and Accounts 2018/19
[2] http://www.nhs.uk/NHSEngland/AboutNHSservices/dentists/Pages/nhs-dental-charges.aspx
[3] http://www.wales.nhs.uk/ourservices/findannhsdentist/nhsdentalcharges
[4] https://www.nidirect.gov.uk/articles/dentists-and-health-service-dental-charges#toc-6
[5] https://www.scottishdental.org/public/treatment-charges/
[6] Department of Health Annual Report and Accounts 2018/19
[7] NHS Dental Services in Wales 2018/19
[8] Department of Health Annual Report and Accounts 2018/19
[9] NHS Summarised Accounts for Wales 2018/19

In 1958/59 spending amounted to £13.5 billion in 2018/19 prices, or 2.9% of GDP. By 2018/19, spending had increased more than tenfold in real terms to reach £152.9 bn, or 7.1% of GDP. Although it has risen consistently over the period, spending has accelerated in recent years, with the sharpest rise occurring between 1998/99 and 2009/10, when real-terms expenditure rose by 98%.

Sources for Figures 1 and 2 overleaf are shown in the data table 1 at the end of the briefing paper.

FIGURE 1: UK EXPENDITURE ON HEALTH

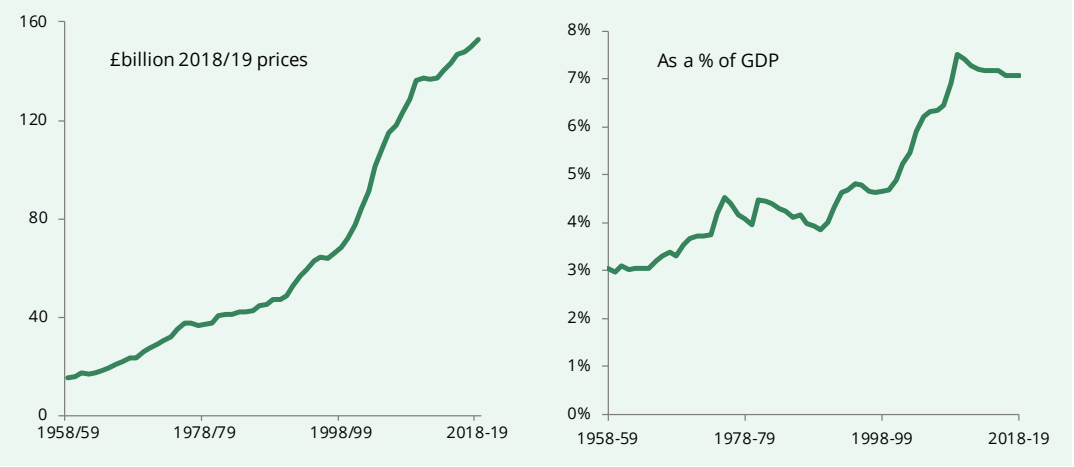
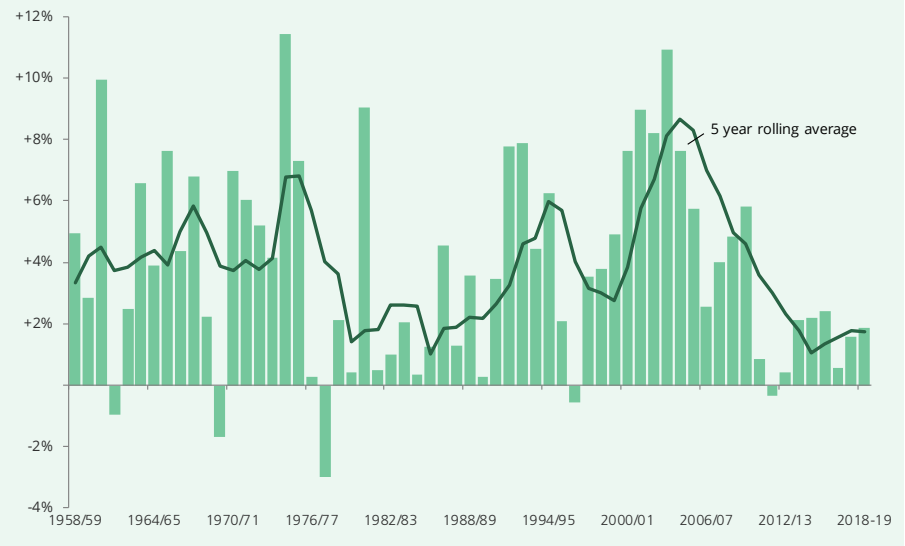


Figure 2 shows the annual percentage changes in real terms central government expenditure over the past 60 years. Negative change has occurred on just five occasions; with the largest decrease (-3.0%) occurring in 1977/78.

Since 1958/59, the five-year moving average has always been positive, with an average annual expenditure increase of 3.9%. However, between 2000/01 and 2004/05 average annual spending growth was 8.7% which is higher than at any other time in the history of the NHS.

FIGURE 2: REAL TERMS % CHANGE IN UK HEALTH EXPENDITURE
2018/19 prices



1.4 Expenditure by devolved administrations

Responsibility for health services is devolved to the Scottish, Welsh and Northern Irish administrations. In 2018/19 health services expenditure per head was highest in Scotland (£2,353 per head) and lowest in England (£2,168 per head).

As shown in the table below, England has consistently spent less per head and as a percentage of Gross Value Added (GVA) than other nations over the past five years. GVA measures the contribution to the economy of each individual producer, industry or sector. GDP is a key indicator of the state of the whole UK economy and includes the GVA data plus taxes on profits and less subsidies on profits. GDP figures are only available for the UK as a whole.

In terms of % GVA, Wales and Northern Ireland have shown the highest percentage share for health since 2013/14 and England the lowest.

HEALTH EXPENDITURE BY COUNTRY

	2013/14	2014/15	2015/16	2016/17	2017/18
Total expenditure £millions					
England	107,364	111,617	115,461	118,101	120,562
Wales	6,161	6,442	6,591	6,950	7,218
Scotland	11,459	11,592	12,131	12,600	12,767
N. Ireland	3,870	3,910	4,034	4,176	4,314
Expenditure per head					
England	£1,993	£2,055	£2,107	£2,137	£2,168
Wales	£1,999	£2,083	£2,127	£2,232	£2,310
Scotland	£2,151	£2,168	£2,258	£2,331	£2,353
N. Ireland	£2,115	£2,125	£2,179	£2,243	£2,306
Expenditure as % GVA					
England	8.0%	7.9%	8.0%	7.8%	7.8%
Wales	11.3%	11.5%	11.4%	11.6%	11.7%
Scotland	9.4%	9.0%	9.3%	9.3%	9.2%
N. Ireland	11.2%	11.0%	10.9%	10.8%	10.9%

Sources:
HM Treasury Country and regional analysis 2018, Tables A11 and A15
ONS Regional GVA December 2018

2. NHS England

2.1 Funding process

Funding for health services comes from the total budget for the Department of Health and Social Care (DHSC). The NHS England revenue and capital budgets are announced in the Department of Health and Social Care's expenditure plans, published as part of each Spending Review (and amended by budget announcements). In 2018/19 the total allocated budget for the DHSC was £130.3 billion.[10] The majority of this budget (£114 billion) was transferred to NHS England with the remainder divided between DH's other agencies and programmes, including funding for Public Health England, and Arm's Length Bodies like the Care Quality Commission, NHS Improvement and National Institute for Health and Care Excellence.

NHS England's budget is used to deliver its mandate from the DHSC. NHS England is responsible for allocating resources to local commissioners of health services: clinical commissioning groups (CCGs) and local authorities. Most of the commissioning resource allocations go to CCGs (£75.6 billion in 2018/19). Details of the latest CCG allocations can be found in the Library Briefing Paper *NHS Funding: Clinical Commissioning Groups*

Of the remaining resources (£38 billion in 2018/19) NHS England directly commissions certain services on a national level, covering specialised services (£17.7 billion), primary care and military and offender services. The remainder of NHS England's budget is spent on centrally administered projects and services, including some public health responsibilities on behalf of Public Health England, which broadly comprise immunisation and screening programmes.[11]

Funds flow from CCGs to NHS hospitals and other providers either via contracts, or through a system known as Payment by Results, which uses a "tariff" based on national average costs for each type of treatment. More details on the commissioning role of CCGs and the organisation of the NHS in England can be found in the Library Standard Note *The Structure of the NHS in England*.

2.2 Total expenditure

Table 2 at the end of this note shows health expenditure and planned expenditure for England from 1979/80 to 2019/20. Earlier data is not available on a consistent basis.

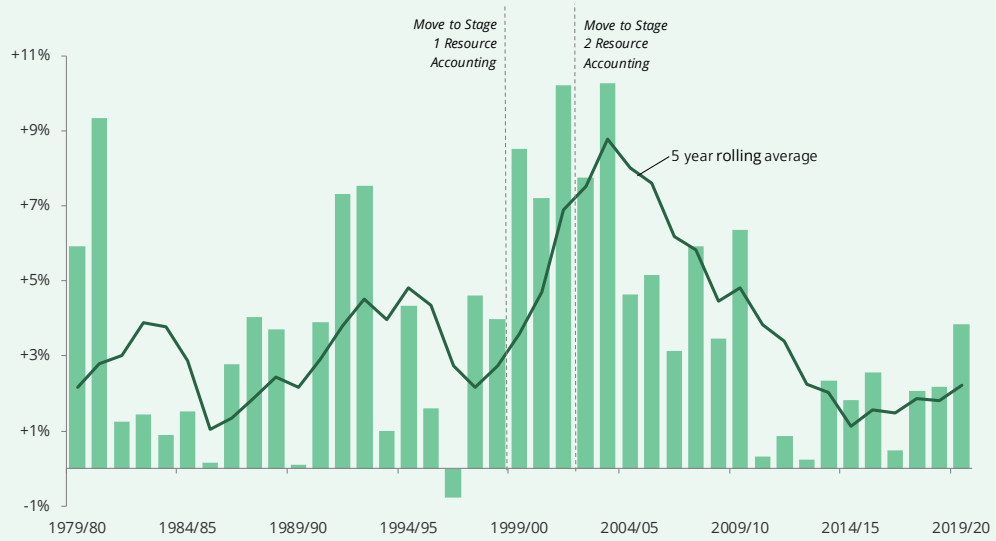
10 HM Treasury, Public Expenditure Statistical Analyses 2019, Table 1.10
11 NHS England Annual Report 2018/19

In 2018/19 prices, health expenditure in England increased from £30.2 billion in 1979/80 to £130.3 billion in the 2018/19 (the latest outturn expenditure). Changes in accounting procedures preclude consistent comparisons of spending over long periods. However, year-on-year real-term increases can be quoted on a consistent basis:

Figure 3 shows the annual real-term increases along with a moving five-year average. The largest five-year moving average in real terms spending growth (+8.7%) occurred over the period 1999/2000 to 2003/04. The lowest five-year moving average of +1.1% was observed in 1982/83 to 1985/6 and in 2010/11 to 2014/15.

Sources for Figure 3 are shown in data table 2 at the end of the briefing paper.

FIGURE 3: REAL TERMS PERCENTAGE CHANGE IN HEALTH EXPENDITURE IN ENGLAND
2018/19 prices



2.3 Future funding

In June 2018 the Government announced that funding for NHS England would be increased by £20.5 billion by 2023/24, or by a real terms average increase of 3.4% per year. (NHS Funding Plan, 18 June 2018.)

In January 2019, the Secretary of State's Oral Statement on The NHS Long Term Plan confirmed details of the annual allocations to NHS England. These are shown in the table below in cash and real terms.

NHS ENGLAND BUDGET
£billions

	Cash		2018/19 prices	
	£ billions	Annual % change	£ billions	Annual % change
2018/19	115		115	
2019/20	121	5.4%	119	3.3%
2020/21	127	5.1%	122	3.3%
2021/22	133	4.9%	126	3.0%
2022/23	140	5.0%	130	3.1%
2023/24	149	6.0%	135	4.1%

Sources:
Secretary of State's statement on the NHS Long Term Plan, January 2019
HMT: GDP deflators September 2019

The additional funding was broadly welcomed by the main health think tanks (eg Nuffield Trust, Kings Fund Health Foundation and others like the Institute for Fiscal Studies (IFS), who have said that the money will allow the NHS to "help stem further decline in the health service". However, there is a view that at least 4% average real terms increases each year are needed in order to meet the NHS's needs and see any improvement in its services. Full Fact provided a summary of the main points: Full Fact: Who's Paying £20 billion for the NHS?

Capital Funding

In August 2019 the Government announced an addition £1 billion of capital funding to proceed with existing hospital upgrade programme as well as tackling the most urgent infrastructure projects.[12]

This was followed by a further announcement in September 2019, of a new hospital building programme providing £2.8 billion of investment in total.

Most of the investment, £2.7 billion, is to be used to develop new hospitals by six NHS trusts:

- Barts Health Trust
- Epsom and St Helier Trust
- West Hertfordshire Trust
- Princess Alexandra Hospital Trust
- University Hospitals of Leicester Trust
- Leeds Teaching Hospitals Trust

[12] PM announces extra £1.8 billion for NHS frontline services

A further 21 potential hospital building schemes are to share £100 million seed funding to help them to develop business cases, with the aim of delivering further projects between 2025 and 2030[13]

2.4 Achieving financial balance

For a number of years, NHS Trusts and Clinical Commissioning Groups have ended the financial year with an overall deficit.

In 2018/19, NHS Trusts overspent by £571 million and CCGs by £264 million**.** However, once underspends in NHS England's own budget and commissioning spending were included this was sufficient to offset deficits and achieve overall financial balance [14]

Achieving such financial balance was dependent upon a mixture of short term cost savings and emergency funds like the Provider Sustainability Fund (PSF)[15]. Many commentators have argued that this is not an adequate basis on which to plan a stable financial recovery (see for example: Gainsbury, S (2910) Having your fudge and eating it). Indeed, the underlying trust sector deficit, which discounts non-recurrent income and savings, was £5 billion in 2018/19.[16]

The NHS Long Term Plan published in January 2019, acknowledges the need for the NHS to move to a more sustainable financial position. There are commitments to return the provider sector to balance by 2020/21 and for all NHS organisations (commissioners and providers) to balance by 2023/24.

NHS Improvement and NHS England's new financial regime, developed during 2018/19, aims to reduce the number of organisations in deficit by over 50% in2019/20 and return all organisations to financial balance by 2023/24.[17]

Measures in the NHS Long Term plan aim to support the aim of returning all organisations to financial balance. These include changes to the way providers are paid - moving from activity-based payments to population-based payments. However, it must be noted that these changes will need to fit with 'ring-fenced' funding set aside for primary and community care and mental health services.

The plan also proposes changes to the 'market forces factor' (an adjustment made to the provider funding to reflect the costs of delivering services in different areas). Changes will be phased in gradually between now and 2023/24.

There are also measures aimed to supporting delivery of integrated care and to improve population health. Integrated care systems (ICSs) will be

[13] DHSC: List of 21 trusts being given seed funding to develop hospital improvement plans
[14] NHS England Board Papers June 2019 Financial Performance Update
[15] The Provider Sustainability Fund replaced the Sustainability and Transformation Fund in 2018/19.
[16] NHS Improvement: Performance of the NHS provider sector Quarter 4 2018/19
[17] NHS Improvement: Performance of the NHS provider sector Quarter 4 2018/19

given more flexibility to agree financially neutral changes to spending totals for individual organisations in their systems. From 2019/20 onwards, further reforms will give ICSs greater control over their resources, through 'earned financial autonomy'. The potential for increased autonomy will be assessed on the basis of their financial and operational performance.

In addition, increased CCG allocations will support the plan's focus on tackling health inequalities and better reflect need for mental health and community services.

Finally, the plan also requires the NHS to deliver savings from administrative costs of more than £700 million by 2023/24, with commissioners expected to deliver £290 million and providers £400 million.

The proposals outlined in the NHS Long Term Plan have been broadly welcomed by NHS Trusts and CCGs. Should most trusts and CCGS return to financial balance this would be a significant achievement.

For more information on the NHS Long Term Plan the King Fund have produced a useful synopsis: Kings' Fund: The NHS Long Term Plan explained

3. Data tables

TABLE 1 GOVERNMENT EXPENDITURE ON HEALTH SERVICES: 1950/51-2018/19: UK

	Net expenditure (£billion)[a]			Net expenditure (£ billion at 2018/19 prices)			Annual % increase in real terms			Net expenditure as a proportion of GDP		
	A	B	C	A	B	C	A	B	C	A	B	C
1950/51	0.46			14.34			+1.8%			3.5%		
1951/52	0.47			13.69			-4.5%			3.2%		
1952/53	0.52			13.83			+1.0%			3.2%		
1953/54	0.50			12.91			-6.6%			2.9%		
1954/55	0.52			12.72			-1.5%			2.9%		
1955/56	0.57			13.79			+8.4%			2.9%		
1956/57	0.62			14.19			+2.9%			2.9%		
1957/58	0.66			14.46			+1.9%			2.9%		
1958/59	0.71			15.17			+4.9%			3.0%		
1959/60	0.73			15.60			+2.8%			3.0%		
1960/61	0.82			17.15			+9.9%			3.1%		
1961/62	0.85			16.98			-1.0%			3.0%		
1962/63	0.89			17.40			+2.5%			3.0%		
1963/64	0.97	1.07		18.55	20.47		+6.6%			3.0%	3.4%	
1964/65	1.06	1.16		19.40	21.26		+4.6%	+3.9%		3.0%	3.3%	
1965/66	1.20	1.32		20.84	22.88		+7.5%	+7.6%		3.2%	3.5%	
1966/67	1.32	1.45	1.42	21.75	23.88	23.44	+4.4%	+4.4%		3.3%	3.6%	3.6%
1967/68	1.44	1.59	1.56	23.16	25.51	25.03	+6.5%	+6.8%	+6.8%	3.4%	3.7%	3.7%
1968/69[b]	1.55	1.71	1.68	23.60	26.09	25.58	+1.9%	+2.3%	+2.2%	3.3%	3.7%	3.6%
1969/70		1.80	1.76		25.66	25.16		-1.7%	-1.7%		3.5%	3.5%
1970/71		2.11	2.07		27.43	26.91		+6.9%	+7.0%		3.7%	3.6%
1971/72		2.41	2.36		29.06	28.54		+5.9%	+6.0%		3.7%	3.7%
1972/73		2.75	2.70		30.58	30.02		+5.2%	+5.2%		3.7%	3.7%
1973/74[c]		3.10	3.06		31.74	31.27		+3.8%	+4.2%		3.7%	3.7%
1974/75			4.10			34.84			+11.4%			4.2%
1975/76			5.47			37.39			+7.3%			4.5%
1976/77			6.25			37.49			+0.3%			4.4%
1977/78			6.90			36.37			-3.0%			4.2%
1978/79			7.84			37.14			+2.1%			4.1%
1979/80			9.20			37.30			+0.4%			4.0%
1980/81			11.94			40.68			+9.0%			4.5%
1981/82			13.27			40.88			+0.5%			4.5%
1982/83			14.39			41.28			+1.0%			4.4%
1983/84			15.38			42.13			+2.1%			4.3%
1984/85			16.31			42.27			+0.3%			4.2%
1985/86			17.43			42.80			+1.2%			4.1%
1986/87			18.98			44.74			+4.5%			4.2%
1987/88			20.30			45.32			+1.3%			4.0%
1988/89			22.40			46.94			+3.6%			3.9%
1989/90			24.20			47.06			+0.3%			3.9%
1990/91			27.10			48.70			+3.5%			4.0%
1991/92			30.90			52.48			+7.8%			4.3%
1992/93			34.20			56.61			+7.9%			4.6%
1993/94			36.60			59.13			+4.5%			4.7%
1994/95			39.40			62.83			+6.3%			4.8%
1995/96			41.40			64.14			+2.1%			4.8%
1996/97			42.80			63.78			-0.6%			4.7%
1997/98			44.50			66.04			+3.5%			4.6%
1998/99			46.9			68.53			+3.8%			4.7%
1999/00			49.4			71.90			+4.9%			4.7%
2000/01			54.2			77.38			+7.6%			4.9%
2001/02			59.8			84.32			+9.0%			5.2%
2002/03			66.2			91.23			+8.2%			5.5%
2003/04			74.9			101.18			+10.9%			5.9%
2004/05			82.9			108.91			+7.6%			6.2%
2005/06			89.8			115.17			+5.7%			6.3%
2006/07			94.7			118.10			+2.5%			6.3%
2007/08			101.1			122.81			+4.0%			6.4%
2008/09			108.7			128.76			+4.8%			6.9%
2009/10			116.9			136.23			+5.8%			7.5%
2010/11			119.9			137.37			+0.8%			7.4%
2011/12			121.3			136.88			-0.4%			7.3%
2012/13			124.3			137.44			+0.4%			7.2%
2013/14			129.4			140.37			+2.1%			7.2%
2014/15			134.1			143.46			+2.2%			7.2%
2015/16			138.5			146.91			+2.4%			7.2%
2016/17			142.6			147.76			+0.6%			7.1%
2017/18			147.3			150.09			+1.6%			7.1%
2018/19			152.9			152.90			+1.9%			7.1%

Notes: a) Minor inconsistencies in the figures from the Annual Abstract mean that data must be presented as three overlapping series.
b) From April 1969 some services transferred to personal social services.
c) Expenditure by local authorities on provision of health centres, health visiting, home nursing, ambulance services, vaccination and immunisation etc. was transferred to central government on 1 April 1974.

Sources: ONS, *Annual Abstract of Statistics: 2007*, Table 10.22, and earlier editions
ONS database, *series YBHA*, *ABMI* and *YBGB*
HM Treasury *Public Expenditure Statistical Analyses* Table 4.2
HMT, GDP deflator September 2019

TABLE 2 HEALTH EXPENDITURE IN ENGLAND: 1979/80 - 2019/20

	Expenditure			Expenditure per household	
	Cash prices (£billions)	2018/19 prices	Real terms change (%)	Cash prices	2018/19 prices
Cash					
1979/80	7.4	30.2	5.9%	£440	£1,785
1980/81	9.7	33.0	9.3%	£568	£1,935
1981/82	10.9	33.4	1.2%	£625	£1,926
1982/83	11.8	33.9	1.4%	£677	£1,943
1983/84	12.5	34.2	0.9%	£710	£1,946
1984/85	13.4	34.7	1.5%	£755	£1,957
1985/86	14.2	34.8	0.2%	£790	£1,940
1986/87	15.2	35.8	2.8%	£837	£1,973
1987/88	16.7	37.2	4.0%	£909	£2,029
1988/89	18.4	38.6	3.7%	£993	£2,080
1989/90	19.9	38.6	0.1%	£1,058	£2,057
1990/91	22.3	40.1	3.9%	£1,177	£2,115
1991/92	25.4	43.1	7.3%	£1,323	£2,246
1992/93	28.0	46.3	7.5%	£1,450	£2,401
1993/94	28.9	46.8	1.0%	£1,493	£2,411
1994/95	30.6	48.8	4.3%	£1,569	£2,502
1995/96	32.0	49.6	1.6%	£1,629	£2,524
1996-97	33.0	49.2	-0.8%	£1,670	£2,489
1997/98	34.7	51.4	4.6%	£1,744	£2,588
1998/99	36.6	53.5	4.0%	£1,830	£2,675
1999/00	39.9	58.0	8.5%	£1,979	£2,880
Stage 1 Resource Basis					
1999/00	40.2	58.5	-	£1,994	£2,903
2000/01	43.9	62.7	7.2%	£2,160	£3,084
2001/02	49.0	69.1	10.2%	£2,397	£3,380
2002/03	54.0	74.5	7.7%	£2,629	£3,624
Stage 2 Resource Basis					
2002/03	57.0	78.6	-	£2,776	£3,825
2003/04[a]	64.2	86.7	10.3%	£3,108	£4,198
2004/05	69.1	90.7	4.6%	£3,327	£4,371
2005/06	74.4	95.4	5.2%	£3,555	£4,559
2006/07	78.9	98.4	3.1%	£3,744	£4,670
2007/08	85.8	104.2	5.9%	£4,043	£4,911
2008/09	91.0	107.8	3.5%	£4,254	£5,039
2009/10	98.4	114.7	6.4%	£4,565	£5,319
2010/11	100.4	115.0	0.3%	£4,619	£5,292
2011/12	102.8	116.1	0.9%	£4,680	£5,281
2012/13	105.2	116.3	0.2%	£4,755	£5,257
2013/14	109.8	119.1	2.4%	£4,925	£5,342
2014/15	113.3	121.3	1.8%	£5,040	£5,392
2015/16	117.2	124.4	2.6%	£5,169	£5,483
2016/17	120.6	124.9	0.5%	£5,269	£5,460
2017/18	125.2	127.5	2.1%	£5,429	£5,532
2018/19	130.3	130.3	2.2%	£5,611	£5,611
2019/20 planned	138.0	135.3	3.8%	£5,901	£5,785

Notes: a) The 2002/03 and 2003/04 difference is artificially high owing to HMT classification

Sources:
1974/75 - 1984/85: HMT, *The Government's Expenditure Plans*, various years
1985/86 - 1992/93: Department of Health, *Departmental Reports*, various years
1993/94 - 2003/04: Health Committee, *Public Expenditure on Health and Personal Social Services 2006: Memorandum received from the Department of Health containing Replies to a Written Questionnaire from the Committee*, HC 1692-I, 26 October 2006, Table 1a
2004/05 - 2019/20: HM Treasury *Public Expenditure Statistical Analyses,* Table 1.10
HMT, GDP deflator September 2019
ONS, 2016 based household projections

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