



Llywodraeth Cymru  
Welsh Government

STATISTICS, DOCUMENT

# NHS expenditure programme budgets: April 2022 to March 2023

NHS expenditure by programme of care allocated based on the medical condition (ICD10) the expenditure relates to for April 2022 to March 2023.

**First published:** 16 April 2024

**Last updated:** 16 April 2024

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# Introduction

This release presents NHS expenditure by programme of care based on the medical condition the expenditure relates to. This includes expenditure on primary care services, such as GPs and dentists, as well as secondary care services, such as hospitals.

Programmes of care (or programme budget categories) are defined by [International Classification of Diseases Version 10 codes \(ICD 10\)](#) ([World Health Organization](#)). Analysing expenditure in this context focusses on patient care, rather than the provider of care. The allocation of expenditure to programme budget categories is carried out using the best available information but not all healthcare activity or services can be classified directly to a programme of care or setting. Some estimation is used for allocating expenditure to sub-categories and comparisons are limited by the scale of uncoded activity. Year-on-year changes may be due to changes in allocation methodology and not actual changes in spending priorities.

Expenditure data are presented at current prices and make no adjustment for inflation. This should be considered when making comparisons between years.

Data is sourced from local health board level returns which were consolidated by the NHS Wales Executive.

All data included in this release is published on [StatsWales](#).

## Impact of COVID-19

The coronavirus (COVID-19) pandemic has greatly impacted health services from the 2020-21 financial year onwards. In broad terms, NHS expenditure was

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affected by responding to the demands of the pandemic in 2020-21, while 2021-22 was affected by both the continuing pandemic and the resumption of planned services. COVID-19 related expenditure continued into 2022-23 but was much reduced. As a result there have been substantial year-on-year changes for several programme categories since the pandemic started. Further information on the impact of COVID-19 is available in the [quality report](#).

## Main points

- Total expenditure for all programme budget categories was £9.2 billion or £2,947 per head of the population in 2022-23.
- Total expenditure increased by nearly £426 million or 4.8% in 2022-23 compared to 2021-22 and was 66.0% higher than a decade ago.
- Total expenditure has increased each year since 2009-10. The annual increase between 2021-22 and 2022-23 was the lowest post-COVID (from 2019-20 onwards); but was higher than typical annual increases pre-COVID.
- The largest single programme budget category (excluding Other) was Mental health problems accounting for 11.0% (£1,016 million) of total expenditure in 2022-23. This has been the largest programme budget category since 2009-10.
- The Respiratory problems category increased by 14.5% (or £66 million) from 2021-22, the largest percentage increase of any category.
- The Mental health category increased by 60.1% (or £382 million) over the last ten years, the largest monetary increase of any category over the period.
- Expenditure per head of the population increased by 4.0% compared to 2021-22 and ranged from £14.72 on Hearing problems to £324.42 on Mental health problems.

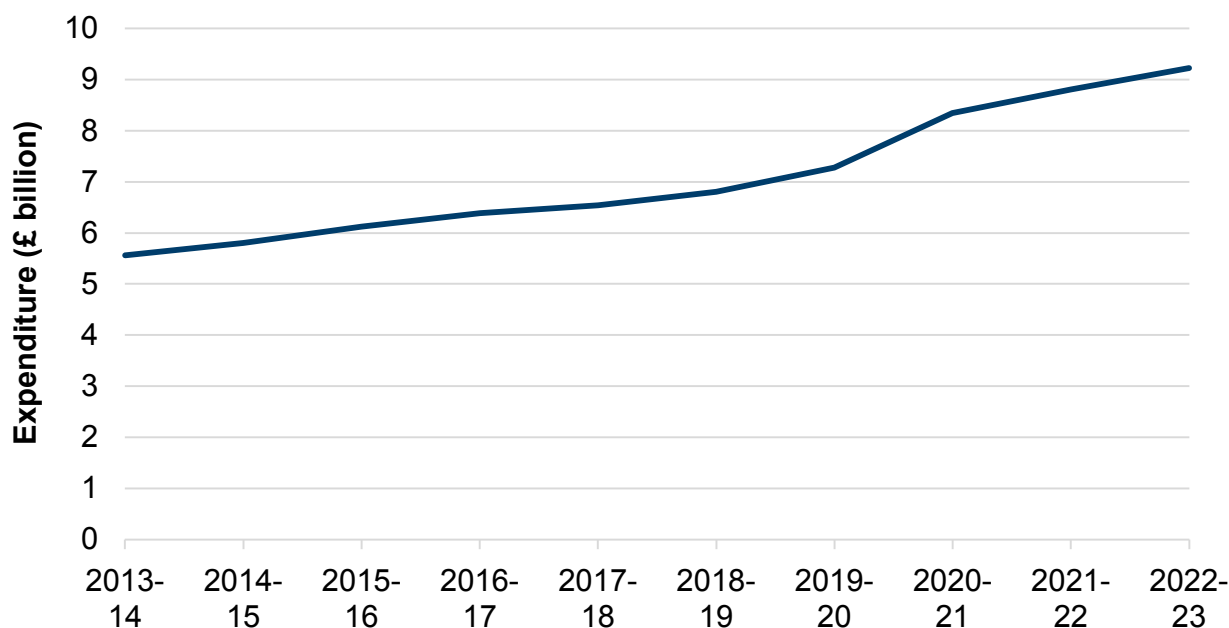
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# NHS expenditure over time

**Figure 1: Total NHS expenditure, 2013-14 to 2022-23 (£ billion)**



Description of Figure 1: Line chart showing that total NHS expenditure has increased over the last 10 years, with a sharper increase between 2019-20 and 2020-21.

Source: Programme Budgeting (WCR13) submission, NHS Wales Executive

## NHS expenditure by budget category and year on StatsWales

Over the ten year period, expenditure typically increased by around 4.5% per year, but increased by 14.6% between 2019-20 and 2020-21 in response to the COVID-19 pandemic.

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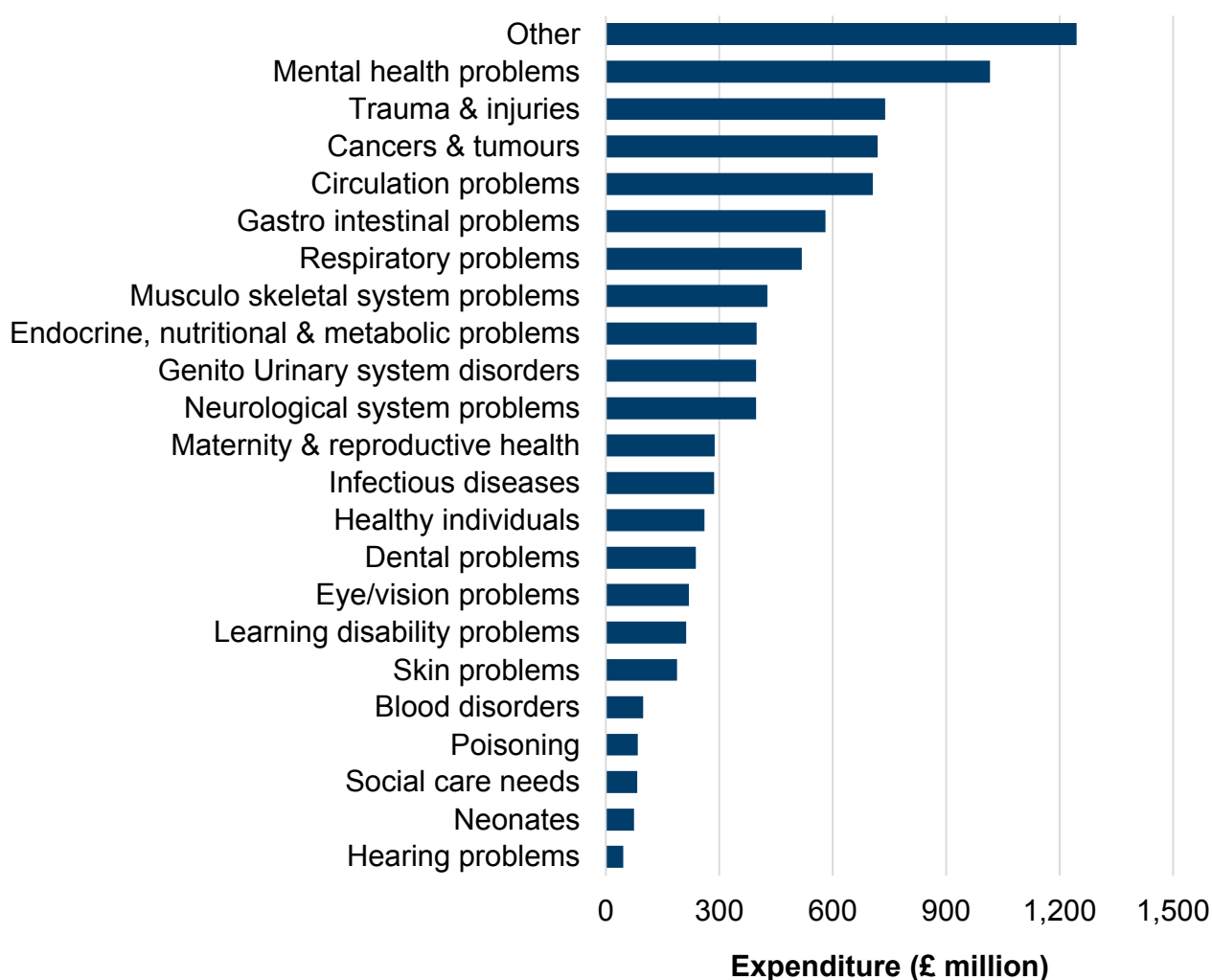
The programme budget category with the largest monetary increase in the past 10 years was Mental health problems which increased by £382 million and accounted for 10.4% of the total increase. This category has increased each year since 2009-10 with a notable increase between 2019-20 and 2020-21 (15.6%).

The categories with the next biggest monetary increases were Trauma and injuries (88.0% and £346 million) and Cancers and tumours (89.1% and £339 million).

Infectious diseases increased substantially between 2019-20 and 2020-21 (306.6% or £373 million) but has decreased in each year since.

# Summary of expenditure by programme budget category

**Figure 2: NHS expenditure by programme budget category, 2022-23 (£ million)**



Description of Figure 2: Bar chart showing that expenditure varies widely across categories with the expenditure in the largest category (excluding Other) Mental

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health problems twenty-two times greater than the smallest category Hearing problems.

Source: Programme Budgeting (WCR13) submission, NHS Wales Executive

## **NHS expenditure by budget category and year on StatsWales**

In 2022-23, the category with the largest expenditure (excluding Other) was Mental health problems which accounted for 11.0% (£1,016 million) of all NHS expenditure. Nearly half of the spend on the Mental health problems was allocated to the General mental illness subcategory. The Mental health problems category has had the largest proportion of all NHS expenditure since 2009-10 when health boards were reorganised. The second largest category was Trauma and injuries which accounted for 8.0% of all NHS expenditure (£739 million).

In addition to the expenditure that can be categorised by medical diagnosis, there are two specific groups for Healthy Individuals and Social Care Needs. These capture the costs of prevention programmes and services that support individuals with social rather than health care needs. Together they amounted to 3.9% of total expenditure in 2022-23 (£344 million).

## **Other expenditure**

Not all healthcare activity or services can be classified directly to a programme budgeting category. Where it was not possible to assign activity by medical condition, preventative activity, or social care need, expenditure was allocated to the Other category. Other is the largest of all categories and accounted for £1.2 billion (13.5%) of expenditure in 2022-23. This spend sits outside the clinical programmes and should be kept in mind when analysing the cost of delivery of programmes of care.

The largest subgroup within the Other programme category was expenditure on

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General Medical Services (42.1% of all expenditure in Other). 93.8% of Primary Care General Medical Services costs were not allocated to clinical programme categories. This means that the large majority of patient care delivered through general practices was not allocated to the medical condition which care was provided for and was instead captured in the Other category.

26.1% of Continuing Healthcare spend was also unallocated to programme categories and accounted for 11.7% of the Other category expenditure.

Further information on expenditure included in the Other category is available in the [quality report](#).

## Annual change in NHS expenditure (2021-22 to 2022-23)

The annual changes in NHS expenditure on each programme budget category between 2021-22 and 2022-23 should be considered in the context of large changes between 2019-20 and 2021-22 which occurred as a result of the pandemic.

For example, expenditure on Infectious diseases decreased by 31.4% (£131 million) between 2021-22 and 2022-23; however expenditure between 2019-20 and 2020-21 had more than tripled (increased by £373 million) and expenditure in 2022-23 was close to 2.4 times higher than in pre-pandemic years. Analysis of previous annual changes are available in [previous statistical releases](#).

Overall, expenditure in 2022-23 was significantly less impacted by direct COVID-19 management, with reductions in direct treatment costs and specific related programmes such as the Test, Trace, Protect scheme, than in the previous three years.

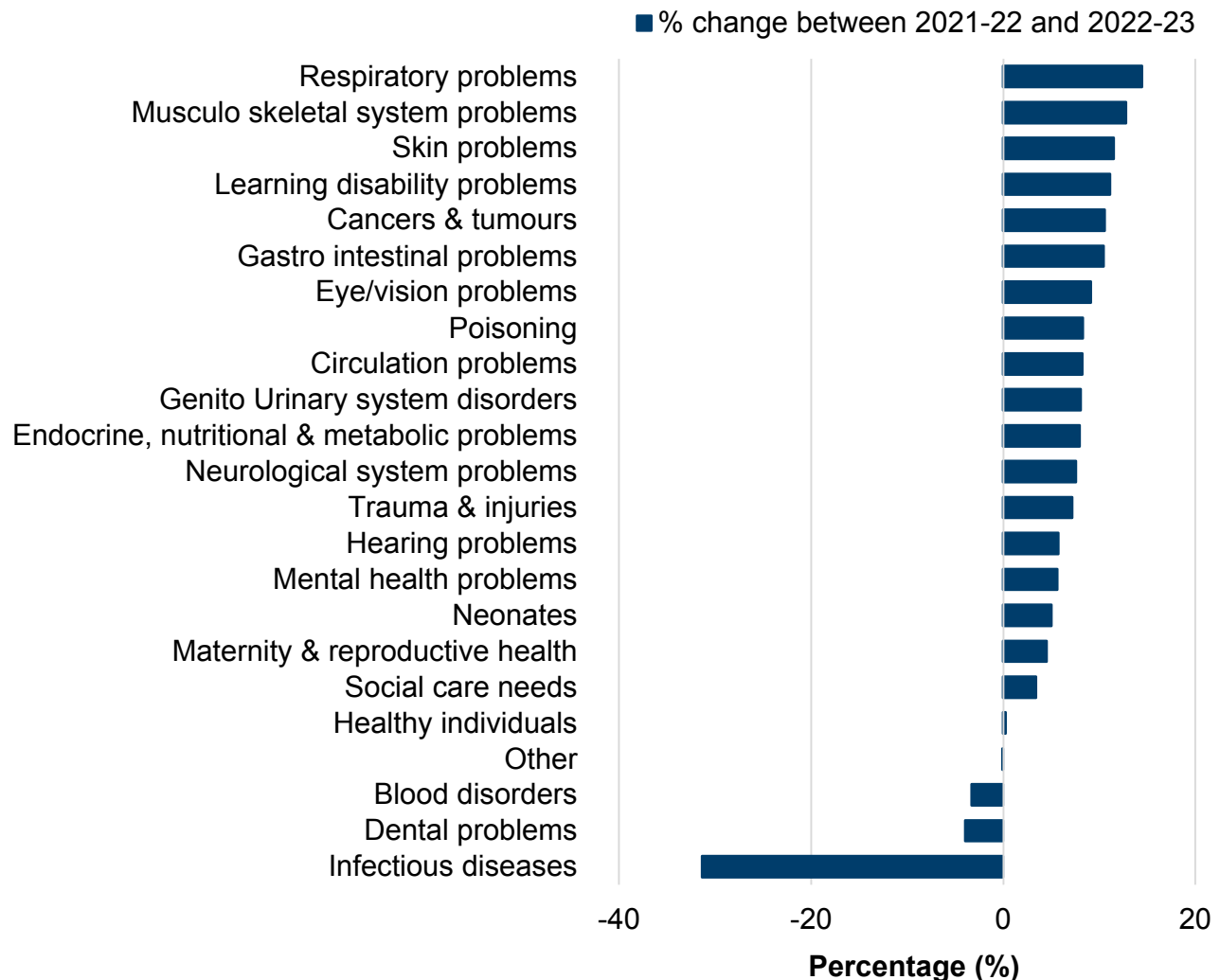
### Figure 3: Percentage change in NHS expenditure by programme

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## budget category, 2021-22 to 2022-23



Description of Figure 3: Bar chart showing annual expenditure increased in 19 programme budget categories and decreased in three. The annual changes ranged from an increase of 14.5% for Respiratory problems to a decrease of 31.4% in Infectious diseases.

Source: Programme Budgeting (WCR13) submission, NHS Wales Executive

## NHS expenditure by budget category and year on StatsWales

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In 2022-23, the programme budget category which saw the largest monetary increase was Cancers and tumours which increased by £69 million (or 10.6%) from 2021-22. Expenditure on Cancers and tumours has grown each year since the pandemic. Expenditure on Mental health problems and Trauma and injuries also increased with similar trends since the pandemic.

The next largest monetary increase was in Respiratory problems which increased by £66 million (or 14.5%) in 2022-23. Respiratory problems expenditure had substantially decreased in 2020-21 due to a reduction in activity impacted by the pandemic. The increase in 2022-23, brought expenditure for this category higher than its pre-pandemic level.

The Musculo skeletal system problems (excluding Trauma) category followed a similar trend to Respiratory problems, and these categories saw the biggest percentage increases in 2022-23 compared to 2021-22.

With the exception of Infectious diseases, all programme categories which had decreased expenditure in 2021-22, had increases in expenditure in 2022-23. This includes Maternity and reproductive health, Neonates, Poisoning and Learning disability problems.

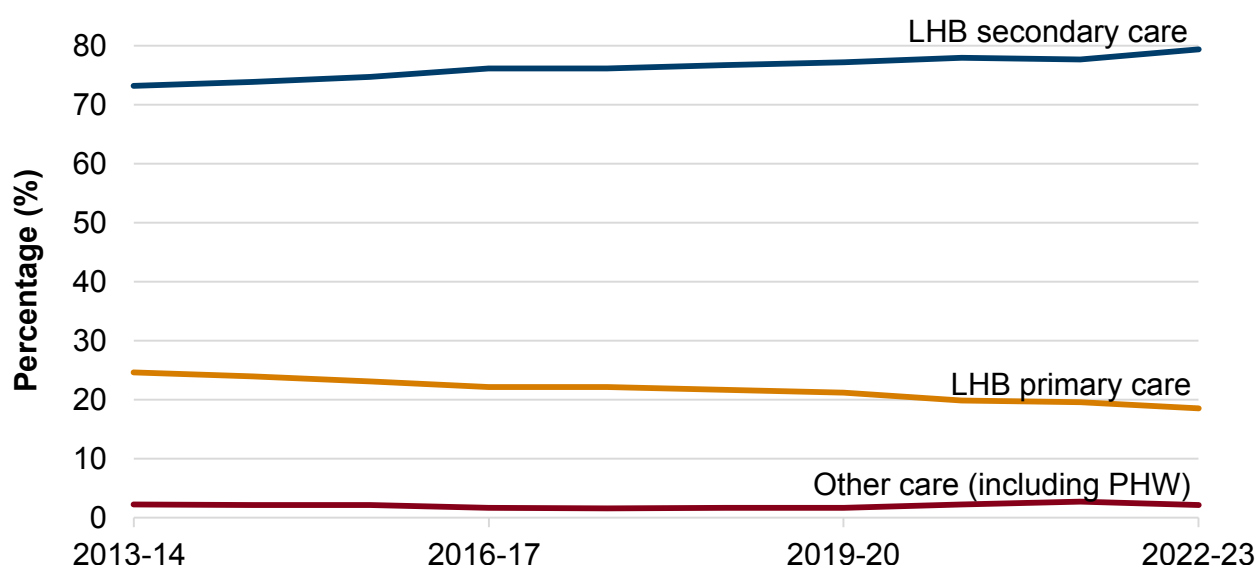
Following large increases in 2020-21 and 2021-22, in large part due to the investment in the Mass Vaccination programme, expenditure for Healthy individuals increased only marginally in 2022-23 (less than £1 million). However, from 2019-20 to 2022-23 expenditure on Healthy individuals has increased by 78.3% (the second biggest percentage increase behind Infectious diseases).

Comparing 2022-23 with 2019-20 (the last year largely unaffected by the pandemic), expenditure was higher in 2022-23 for every programme category. The biggest monetary increases for clinical categories were in Mental health problems and Trauma and injuries where expenditure had increased by around £200 million for each category.

## Expenditure by commissioner

NHS expenditure can be analysed by programme budget category and commissioner. Local health boards (LHBs) fund commissioned services provided by primary care practitioners such as GPs and dentists, who are generally the first point of contact with the NHS for the patient, and secondary care services such as hospital treatment. These are usually provided following a referral of the patient by their primary care provider. Total LHB expenditure includes a small amount of other care expenditure which cannot be classified to primary or secondary care, for example, payments to other providers, such as charities.

**Figure 4: NHS expenditure by commissioner, 2013-14 to 2022-23**



Description of Figure 4: Line chart showing that nearly four-fifths of NHS expenditure relates to LHB secondary care. The proportion of expenditure for LHB secondary care has increased since 2013-14 whilst the proportion for LHB

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primary care has decreased.

Source: Programme Budgeting (WCR13) submission, NHS Wales Executive

## **NHS expenditure by budget category and year on StatsWales**

In 2022-23, as in previous years, the majority of expenditure is accounted for within the secondary care sector (79.3% or £7.3 billion). The proportion of expenditure for secondary care has increased over time whilst that for primary care has decreased. Expenditure for Other care has remained at about 2% of the total. Compared to 2021-22, expenditure for both primary care and other care decreased.

The largest proportion of secondary care expenditure was allocated to Mental health problems (13.0%), followed by Trauma and injuries (10.0%) and Cancers and tumours (9.4%). These proportions have been broadly stable since 2009-10.

Close to a third (30.1%) of primary care expenditure was allocated to the Other General Medical Services subcategory. Therefore a large portion of primary care expenditure has not been able to be allocated to a specific clinical category. The specific clinical categories with the largest primary care expenditure were Endocrine, nutritional and metabolic problems (12.5%) and Dental problems (10.6%). These proportions have been broadly stable since 2009-10.

Nearly two-thirds (65.9%) of the Other care spend related to Other Public Health Wales (PHW) functions.

## **Expenditure by local health board**

Financial data are collected from all Welsh local health boards and NHS Trusts. All expenditure on Welsh residents is included in this release, including expenditure on services funded by Welsh local health boards and provided by

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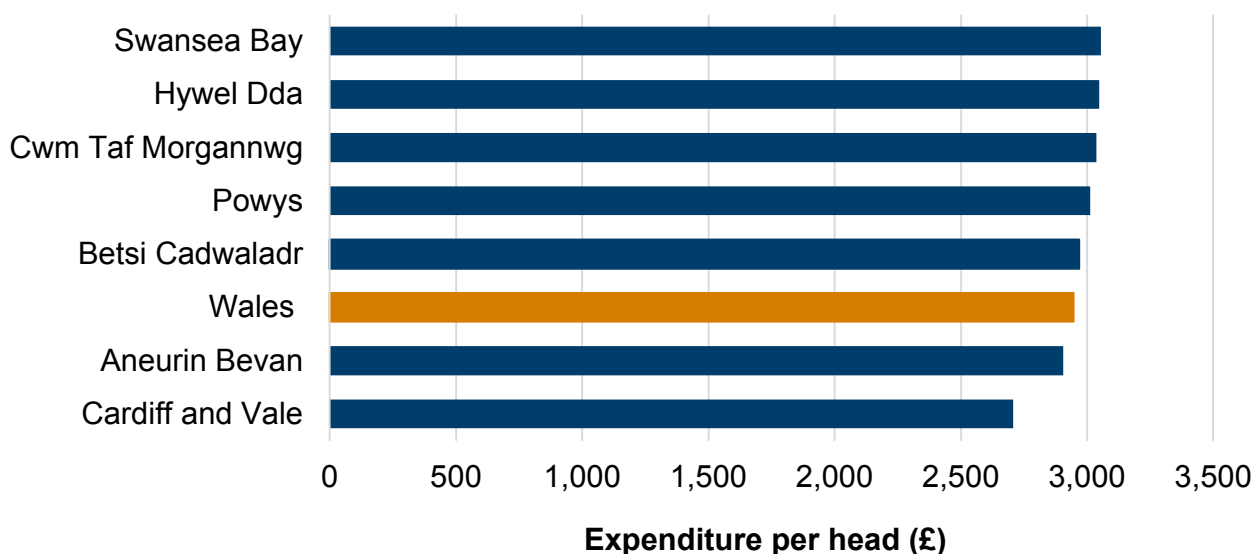
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NHS and private providers of health care, both within and outside Wales.

Expenditure ranged from £403 million in Powys to £2.0 billion in Betsi Cadwaladr, when comparing expenditure within health boards in 2022-23. Similarly to the national picture, Mental health problems was the largest programme budget category (excluding Other) for all local health boards. The smallest programme budget category was Hearing problems except for in Swansea Bay where it was Neonates and in Powys where it was Social care needs.

Compared to 2021-22, expenditure increased by 4.8% across all health boards and ranged from 3.2% in Powys to 6.4% in Cardiff and Vale.

## Figure 5: NHS expenditure per head of population by local health board, 2022-23



Description of Figure 5: Bar chart showing that expenditure per head of population ranged between £2,708 per head in Cardiff and Vale and £3,054 in Swansea Bay in 2022-23.

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Source: Programme Budgeting (WCR13) submission, NHS Wales Executive, and Mid-Year Population Estimates, Office for National Statistics

## **NHS expenditure per head by budget category and year on StatsWales**

Compared to 2021-22, expenditure per head increased in all local health boards ranging from 2.9% in Powys to 5.2% in Betsi Cadwaladr.

## **Quality and methodology information**

Expenditure data are calculated from local health board programme budgeting returns to the Welsh Government.

To calculate the expenditure per head of population, the closest Office for National Statistics (ONS) Mid-Year Population Estimates available at the time of publication were used. The mid-year estimate for 2022 was used as a denominator for 2022-23 expenditure.

The percentages in this release are rounded to the nearest 0.1. Percentage point changes are calculated based on the unrounded numbers.

Further information is available in the [quality report](#).

## **Well-being of Future Generations Act (WFG)**

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural wellbeing of Wales. The Act puts in place seven wellbeing goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the

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Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that must be applied for the purpose of measuring progress towards the achievement of the wellbeing goals, and (b) lay a copy of the national indicators before Senedd Cymru. Under section 10(8) of the Well-being of Future Generations Act, where the Welsh Ministers revise the national indicators, they must as soon as reasonably practicable (a) publish the indicators as revised and (b) lay a copy of them before the Senedd. These national indicators were laid before the Senedd in 2021. The indicators laid on 14 December 2021 replace the set laid on 16 March 2016.

Information on the indicators, along with narratives for each of the wellbeing goals and associated technical information is available in the [Wellbeing of Wales report](#).

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local wellbeing assessments and local wellbeing plans.

## Contact details

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