

Population, Health and Healthcare Use in Bedford Borough, 2021 to 2043

Director of Public Health Report 2024



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Executive summary

The Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System has been, and is expected to continue to be, among the fastest growing areas in England. The BLMK Integrated Care Board have invested in the development of a Population Health Intelligence Unit in order to develop local analytical capacity and foster data-driven decision making. A core part of the PHIU's initial focus has been on developing our ability to look ahead. This Annual Report shares some of the outputs of this work for Bedford Borough: how do we expect the population to change, what do we know about changing patterns of disease, and how might we expect healthcare use to change in the future? Predictions of this sort will inevitably never be 'right' but they can provide a helpful sense of the scale of change we are faced with.

Based on plans to build an average of 1,334 dwellings per year to 2043, Bedford Borough's population could increase from around 190,500 in 2023 to around 244,500 by 2043. This is 54,000 more people – a 28% increase. The highest percentage increase will be in older people, with a 105% rise in people aged 85 and over and a 72% rise in those aged 75 and over. The ethnic diversity of the population is also expected to continue to grow.

In 2023, the four most common recorded health conditions were: hypertension (16.5% of the population), anxiety (15.8%), depression (12.6%) and musculoskeletal conditions (11.0%). The rising number of older adults in the population means that by 2043 the prevalence of hypertension will increase to 19.4%, followed by anxiety (15.7%), MSK (13.2%) and then depression (12.5%). Furthermore, although cardiovascular disease, cancer and chronic kidney disease are less common, they will show notable increases in prevalence over this time.

While the population is forecast to grow by 28%, if people carry on making use of healthcare at the same age- and sex-specific rates as today, by 2043 Bedford Borough's population will generate:

- 36% (around 300,000) more primary care consultations per year
- 39% (around 100,000) additional outpatient attendances per year
- 30% (around 20,000) more visits to A&E per year
- 41% (around 11,000) more elective (planned) admissions per year
- 42% (around 6,000) more emergency admissions per year

While overall population growth is contributing to this increase, the ageing population is also an important factor.

The majority of people driving this increase are already resident in our population. Population ageing means that the use of healthcare in the future will increase more than the population overall and that the types of healthcare activity that are most commonly used by older people will see the greatest rise. Only A&E attendances will rise more in line with the overall population increase.

Activity increases on this scale will be a significant challenge for a healthcare system that is already over-stretched. This reinforces the need for transformation, both to take a more preventative approach to build a healthier population and to make the healthcare system more efficient. Even if both these are achieved, however, it is difficult to see how they could mitigate activity increases of this scale, without also requiring investment in additional healthcare staffing capacity and infrastructure.



Introduction from Vicky Head

Bedfordshire, Luton and Milton Keynes Integrated Care System (BLMK ICS) has been, and is expected to continue to be, among the fastest growing areas in England. At a time when the health and care system is already under pressure, the scale of population change across BLMK has already created additional challenges in terms of healthcare needs and demand. Continued population growth will add to these challenges over the next decades.

The BLMK Integrated Care Board (which funds our local NHS services) is committed to using insight from data on patients and healthcare use to ensure the best possible services for local people. It has invested in establishing a Population Health Intelligence Unit (PHIU) in order to increase the capacity across the ICS to understand patterns of health, disease, and healthcare use in the population, focus on health inequalities, and identify opportunities to improve health and services. The PHIU is hosted in Bedford Borough Council as part of the shared Public Health team across Bedford Borough, Central Bedfordshire and Milton Keynes and it works closely with our Public Health colleagues in Luton.

In my annual report this year, I have chosen to highlight some of the initial work led by the PHIU, specifically the development of local population forecasts that are informed by planned levels of housing growth, and our first insights into how we can expect health and healthcare needs to change in the future.

This report presents a summary of a wealth of data for BLMK that is being made available online here: [Population Forecasts 2023-2043 Dashboard](#). More detailed information on the assumptions and methodology behind the forecasts can also be found here.

The work in this report has to rely on assumptions about population change, including the rate of births, rate of deaths and age at death, and migration, as well as assumptions about health and healthcare use across the area. These represent the best of our knowledge at present, but the results of our work can only ever be ‘best guess’ rather than a perfect prediction of the future.

The work to date is just the beginning but it is already providing valuable insights to inform our planning and decision-making locally. Poor health is often preventable, but the best-case prevention efforts will not fully mitigate the increasing future demand which will be driven by a growing and ageing population; we need to acknowledge the likely levels of need which our system will have to manage.

Vicky Head

Executive Director of Public Health

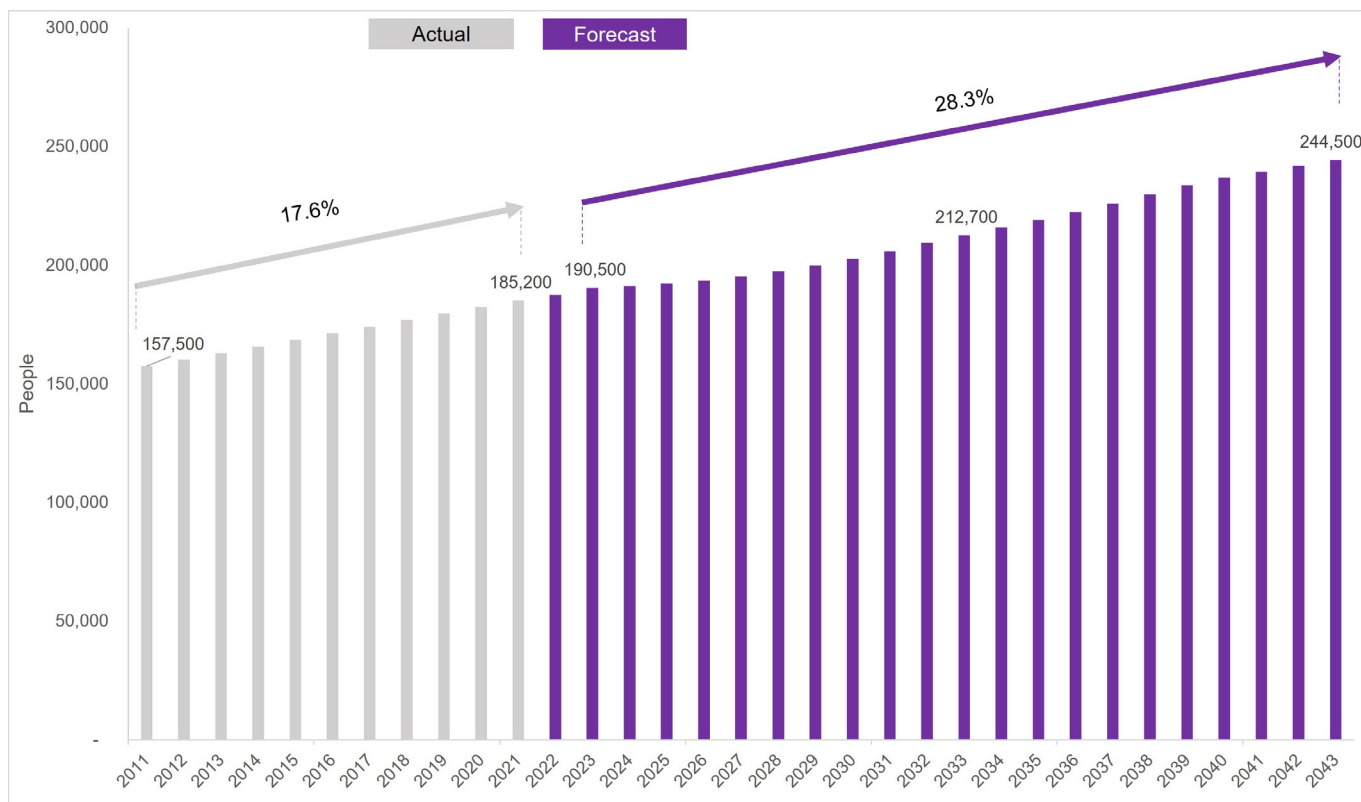


The population of Bedford Borough – then, now and into the future

Summary

The population of Bedford Borough grew 18% in the ten years between 2011 and 2021 and became more ethnically diverse. In the twenty years between 2023 to 2043, it is forecast to grow 28% more and further increase in ethnic diversity.

Figure 1: Actual and forecast population change in Bedford Borough, 2011 to 2043



Sources: 2011 and 2021 Censuses, ONS mid-year estimates and local population forecasts

How the population has changed

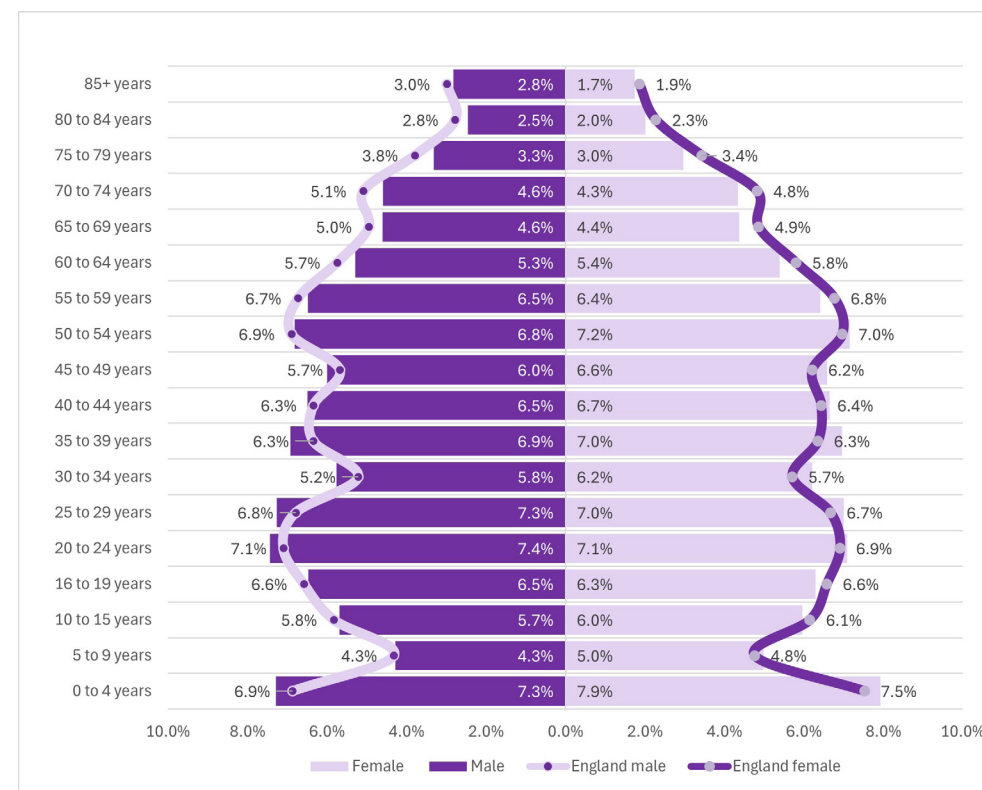
Between the Censuses of 2011 and 2021 Bedford Borough's population grew from 157,500 to 185,200, which is an increase of 17.6%. This is very high growth when compared to the 6.3% on average for the same time period across England and Wales.

In Bedford Borough there was growth across all age groups, but the greatest increase in numbers was in people aged 25-44, and the highest percentage increase was among people aged 65 and over (25%).

In general, the age distribution of the population of Bedford Borough followed a similar pattern to that of England overall in 2021, however, there were significantly fewer people aged 65 years and over. There were also more differences among males, with significantly more aged 40 to 44 years and significantly fewer aged 20 to 24 years, compared to England overall. This was a change from 2011 when the only significant difference had been a higher proportion of males aged 10 to 15 years.



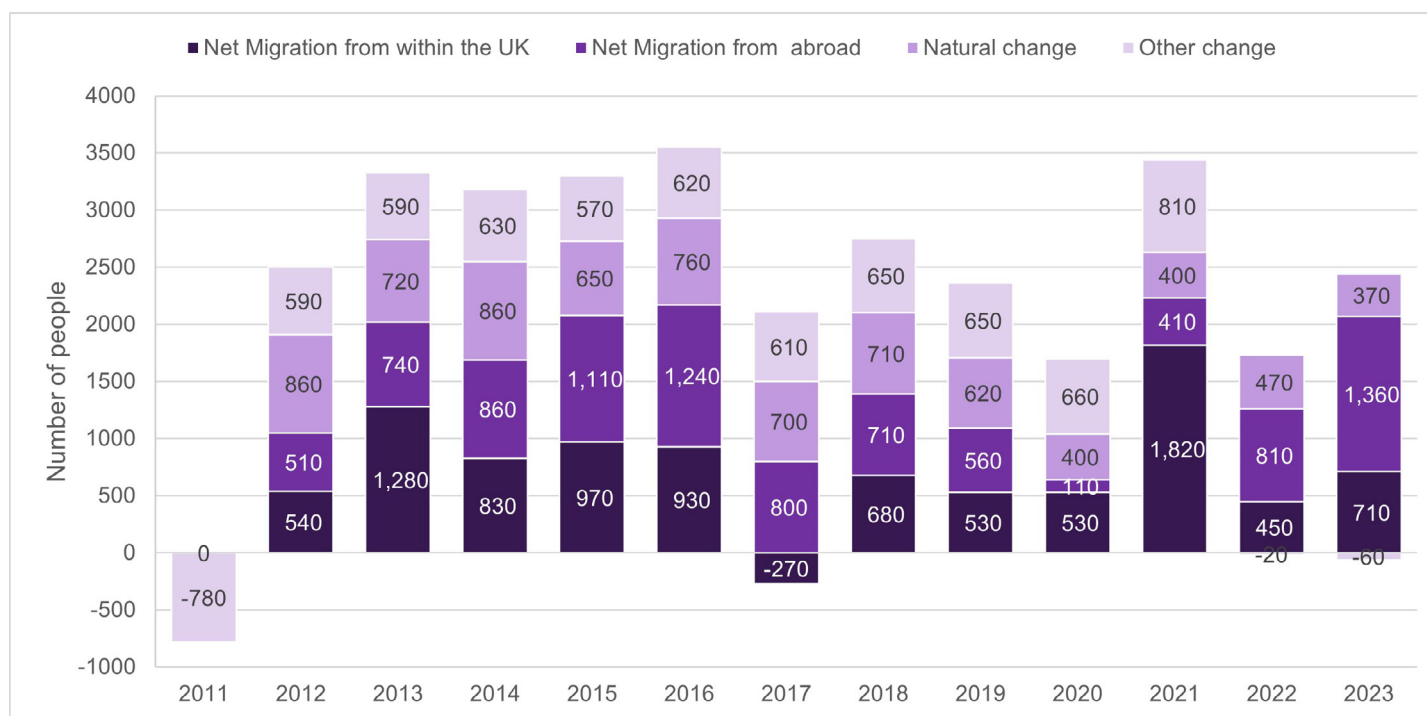
Figure 2: Proportion of people per five-year age group by sex, Bedford Borough and England, 2021



Source: Census 2021, population by five-year age bands

The majority of the population increase in the Borough was due to migration (51%), with more people moving into the area from elsewhere in the UK or abroad than moved out. This reflects the high level of house building that took place over the period, with over 11,000¹ additional homes completed. Just 26% of population growth resulted from ‘natural change’, which reflects to the balance of people being born versus people dying in the Borough.

Figure 3: Elements of population change for Bedford Borough residents, 2011 to 2021



Sources: Bedford Borough JSNA Demographics Dashboard using Nomis: Live births in England and Wales, ONS Deaths registered in England and Wales, ONS Internal migration of moves by local authority and region

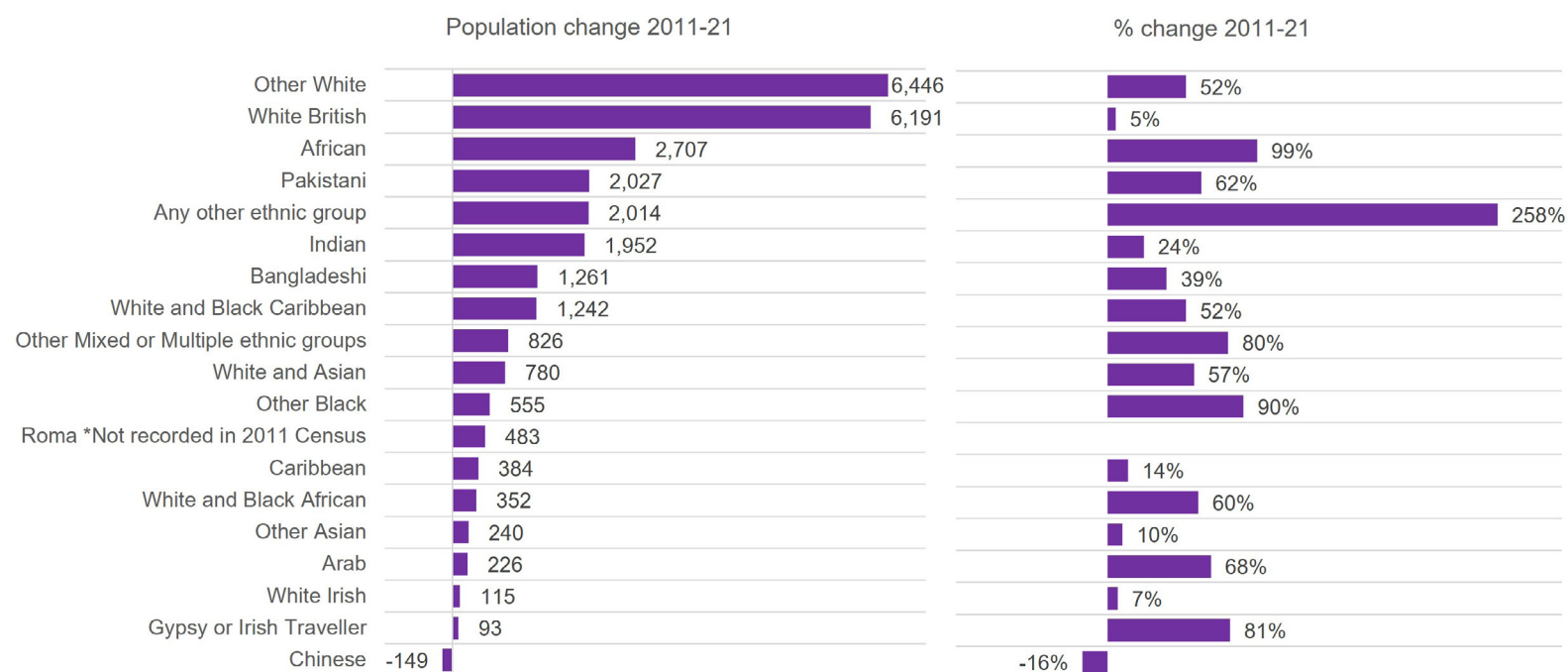
1. Based on financial years 2010/11 to 2020/21 Annual monitoring reports 2010/11 to 2020/21.

Over the same time period the population became more ethnically diverse, with the proportion of the population from ethnic groups other than White rising from 19% to 24%. This change was faster than the average seen across England over that period. The largest growth in numbers were in the Other White population and White British population, which grew by 6,400 and 6,200 respectively. The highest percentage change was in the 'Other ethnic group' category, which more than tripled. This group contains

people from Afghanistan. The African and Other Black populations nearly doubled in size over this period.

In 2011, 23.9% of people in Bedford Borough were born outside the UK, but by 2021 this had decreased to 21.4%. The most common countries of birth were Poland, India and Romania. Further detail on Bedford's population, ethnic composition, and recent changes can be found in the [JSNA](#).²

Figure 4: Bedford Borough population change by ethnicity 2011-2021



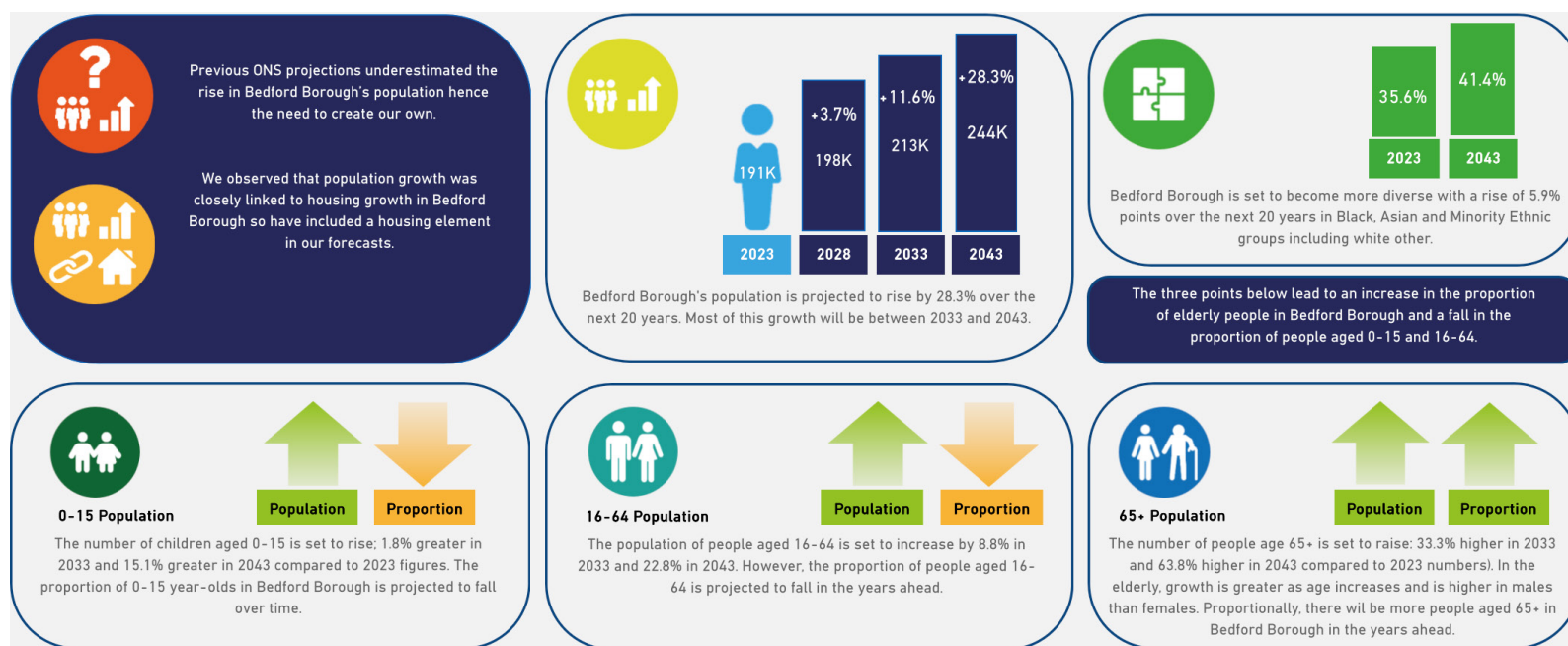
How the population is expected to change

Looking Forward

Based on housing plans that would see an average of 1,334 dwellings being built per year by 2043, it is estimated that the Bedford Borough population could increase from a little over 190,000 in 2023 to just under 213,000 in 2033 and almost 245,000 by 2043. This equates to 54,000 more people – a 28% increase between 2023 to 2043.

The level of growth seen between 2011 and 2021 was greater than had been projected by the Office for National Statistics. The ONS sub-national projections are the most commonly used basis for planning, but they are trend-based, which means they project into the future based on what has happened in the past. In areas of high house building, the ONS projections can underestimate future population growth.

Therefore, we have developed a new set of forecasts based on local house building plans. No forecast is exact. The assumptions behind these forecasts may prove to be inaccurate and there will be wider societal and economic shifts that will have unpredictable influences on health and healthcare in the future that are not accounted for in these forecasts. However, we do need to plan ahead, and the forecasts presented here provide a sense of the likely direction of travel and magnitude of change we could reasonably expect to see, if levels of house building currently anticipated are realised. For more on the assumptions and methodology used in the forecasts, please see the [Population Forecasts 2023-2043 Dashboard](#).



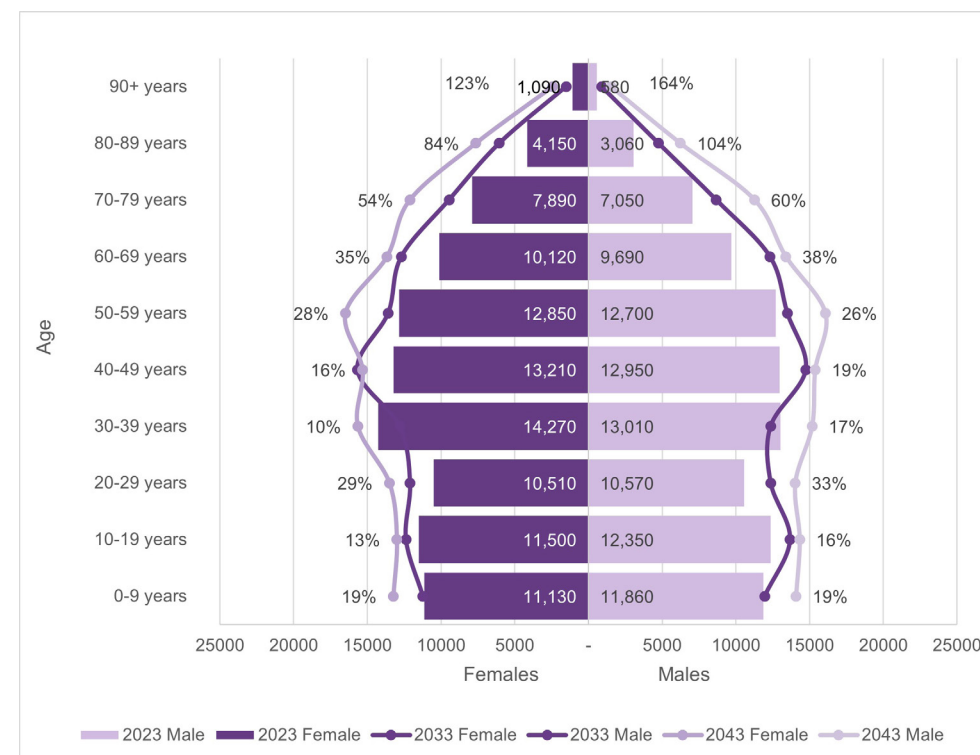
Implications of population growth on the age profile

Going forward, the expectation is that growth in families and babies will slow initially, while the number of those over 75 will grow with increasing speed. Based on these assumptions, the number of births is forecast to grow just 2% between 2023 and 2033 but will grow 26% from 2033 to 2043 meaning, overall, the number of births will rise 27%, a rate similar to that of the overall population. By 2043, there are forecast to be around 500 more births a year.

In contrast, the over 75 population is forecast to grow 32% from 2023 to 2033 and over 150% from 2033 to 2043, meaning there could be expected to be around 13,000 more people aged 75 and over by 2043, taking the total to around 29,000.



Figure 5: Bedford Borough population pyramid showing change by broad age band, 2023 to 2043



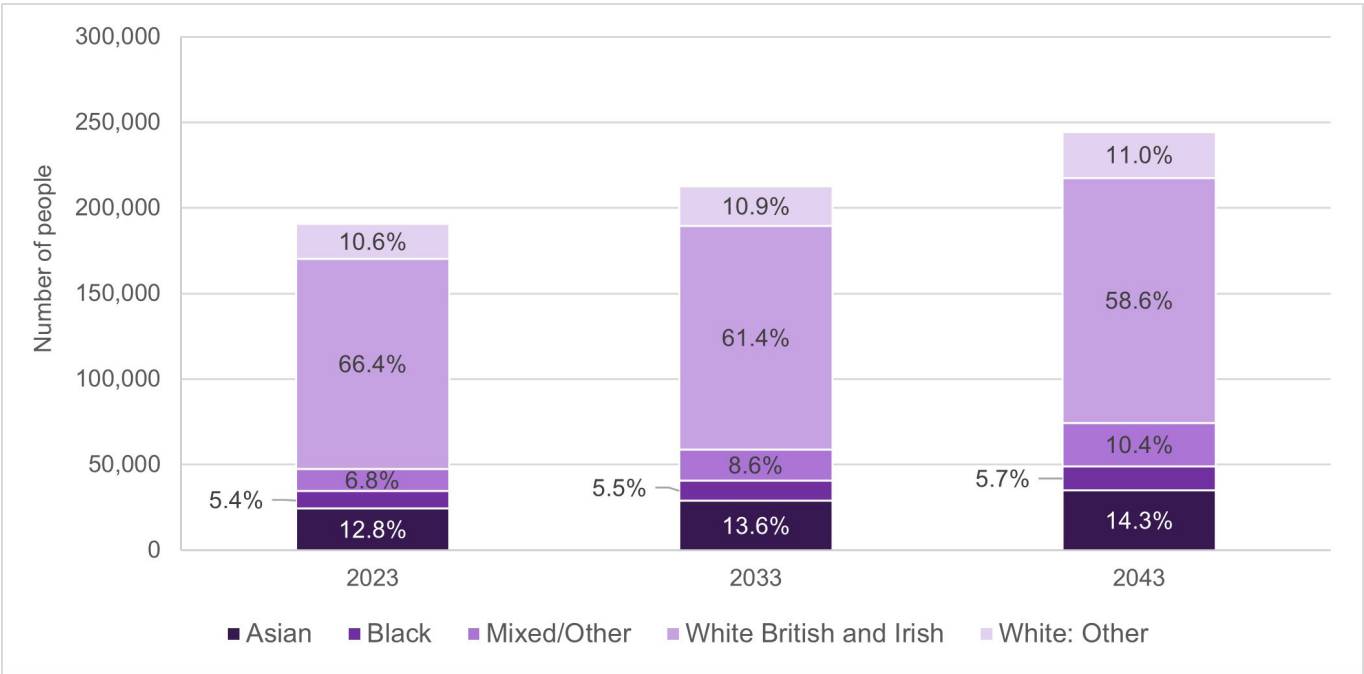
Source: Local population forecasts

Implications of population growth on ethnic diversity

Looking Forward
The increase in ethnic diversity is expected to continue, such that the proportion of the population from groups other than White British is forecast to rise from 36% in 2023 to 41% in 2043.

Forecasting ethnicity is especially difficult as it can be influenced significantly by national and international policies and events. However, assuming past national trends continue, between 2023 and 2043 it is forecast that the fastest growing ethnic group will be people from mixed ethnic backgrounds, which is expected to see a 97% increase from around 12,900 people to 25,400. This equates to a rise in the share of the population from 6.8% to 10.6% by 2043. Asians are forecast to remain the largest ethnic group other than White British and Irish in Bedford Borough with a 43% increase in number from around 24,400 in 2023 to 34,900 by 2043.

Figure 6: Bedford Borough population change by ethnic group, 2023 to 2043



Source: Local population forecasts

Major health conditions, now and in the future

As the population increases, so too will the number of people in the Borough with health conditions. This is partly because there will be more people overall, but importantly, there will be more people in older age groups and older age groups are more likely to experience ill health, which will increase the overall proportion of the population with a health condition (also known as the prevalence of ill health).

The analysis that follows looks at the twenty most common diagnosed health conditions. In 2023, high blood pressure (hypertension) was the most commonly identified condition in Bedford Borough, followed by anxiety and

then depression. In total, poor mental health accounted for three of the five most common conditions. It is tempting to add these together to suggest that approaching 38% of the population has a mental health condition, however, it is important to remember that these numbers represent the number of diagnoses and not the finite number of people that have them as it is very likely that the same people have multiple conditions.

For example, it is very common for people to experience both anxiety and depression and for people with physical conditions to also have poorer mental health. Future analyses will look at patterns of so-called multimorbidity in the population, as this has implications for prevention, self-management (i.e. the actions individuals can take to manage their own health conditions) and patient-centred provision of healthcare.

Looking forward, the 2023 prevalence rates for five-year age groups were applied to the population forecasts to understand how changes in the size and structure of the population would affect the number of cases and the prevalence of common conditions. In other words, if our future population experiences the same age-specific rates of disease as we see at present, how many people with each condition should we expect?

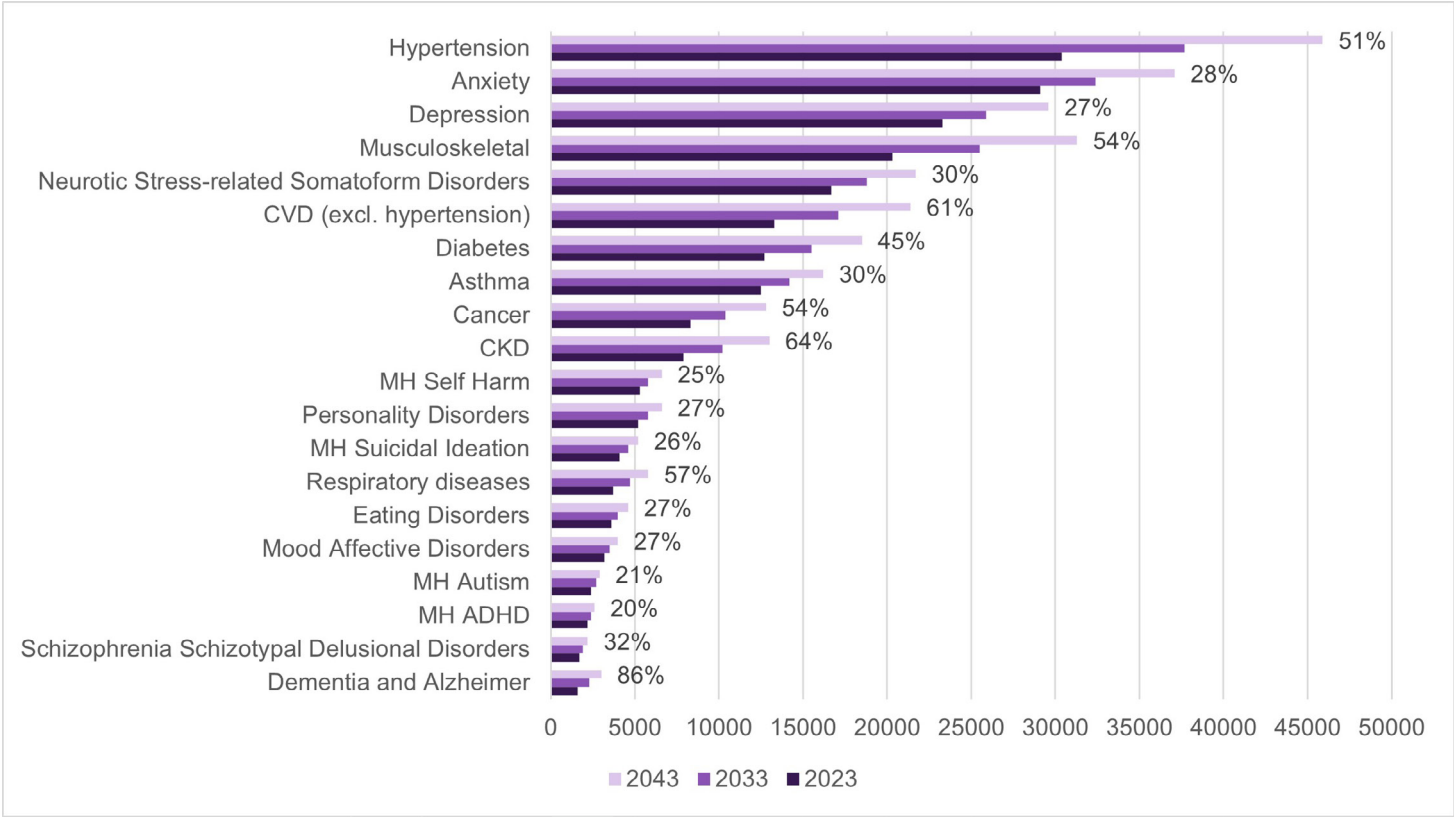
It should be noted that at this point we have not made assumptions about other future changes to disease patterns; for example, cancer and cardiovascular disease rates may fall in future due to falling smoking rates, or diabetes rates may rise due to increases in obesity. Over time we plan to develop our ability to incorporate changes in disease prevalence into our forecasts.



Hypertension is currently the most common health condition in Bedford Borough, and based on current rates, the number of people with hypertension is forecast to grow by 51% by 2043. Many other conditions see similar or even greater increases (Figure 7), for example, an 86%

increase in the number of people with dementia or Alzheimer’s disease, a 54% increase in the number of people with cancer, and a 61% increase in cardiovascular disease patients.

Figure 7: The number of Bedford Borough residents with common health conditions in 2023 and forecast for 2033 and 2043



Source: Arden & Gem report based on reported cases and local population forecast N.B. The percentages relate to the forecast change from 2023 to 2043

Based on these factors, the changes in population size and age structure are projected to lead to increased prevalence in many physical conditions (Table 1), because these conditions become increasingly common with age and there will be proportionately more older people in future.

In contrast, mental health conditions, autism and ADHD are forecast to remain at similar prevalence levels (though the numbers of people affected will rise in line with the increasing size of the population). These conditions tend to be less common in older people and so the increase in the ageing population does not have the same effect on overall prevalence.

We may find, however, that the older adults of the future retain patterns of mental health that are more similar to working-age adults at present, in which case their mental health in older age would be significantly worse than the mental health of today's older adults.



Table 1: All-age prevalence of common health conditions in Bedford Borough in 2023 and forecast for 2033 and 2043

Condition	2023	2033	2043
Hypertension	16.5%	18.3%	19.4%
Anxiety	15.8%	15.8%	15.7%
Depression	12.6%	12.6%	12.5%
Musculoskeletal	11.0%	12.4%	13.2%
Neurotic Stress-related Somatoform Disorders	9.1%	9.2%	9.2%
Cardiovascular disease (excl. hypertension)	7.2%	8.3%	9.1%
Diabetes	6.9%	7.5%	7.8%
Asthma	6.8%	6.9%	6.9%
Cancer	4.5%	5.1%	5.4%
CKD	4.3%	5.0%	5.5%
Self-harm	2.9%	2.8%	2.8%
Personality Disorders	2.8%	2.8%	2.8%
Respiratory Diseases	2.0%	2.3%	2.5%
Suicidal Ideation	2.2%	2.2%	2.2%
Eating Disorders	2.0%	2.0%	1.9%
Mood Affective Disorders	1.7%	1.7%	1.7%
Autism	1.3%	1.3%	1.2%
ADHD	1.2%	1.2%	1.1%
Schizophrenia Schizotypal Delusional Disorders	0.9%	0.9%	0.9%
Dementia and Alzheimer's Disease	0.9%	1.1%	1.3%

Source: Arden & Gem report based on reported cases and local population forecast

Change in demand for health services

How often people make use of healthcare depends on a number of factors, some of which are more predictable than others. While a larger population will – in broad terms – generate more demand for healthcare, the age structure of the population is also critical. Using what we know about healthcare utilisation at present, along with our understanding of how the population will change in the future, we can get a sense of the likely impact on healthcare use in the future.

Our work has assumed that current (2023) patterns of healthcare use by each age group will continue into the future, and takes into account predicted population growth and an increasing proportion of older people in our area. We have not included potentially significant changes in the way that people access healthcare, changing levels of ill-health in the population or changes to the way that healthcare is delivered. In reality, efforts are being made all the time to make healthcare more efficient, for example by increasing the use of technology, being more preventative in our approach, or tackling the wider factors that drive ill health such as poverty. At the same time, we know that shifts in societal expectations of healthcare and experience of ill health also change populations' healthcare-seeking behaviours, as will advances in the medical treatments that are available.

Attempting to model and predict the impact of all these factors is complicated. In future, as the PHIU's work develops, we intend to model a range of scenarios including the impact of new policies and healthcare transformation initiatives. As a starting point, however, it is important to understand the most likely 'baseline' scenario. If the population changes as expected and continues to use healthcare at today's age-specific rates,

what will that mean for healthcare use in the future? This is our 'best guess' at present and gives a feel for the potential magnitude of change that the local system is facing, and the amount of activity that would need to be averted in order to maintain the status quo in terms of healthcare capacity.

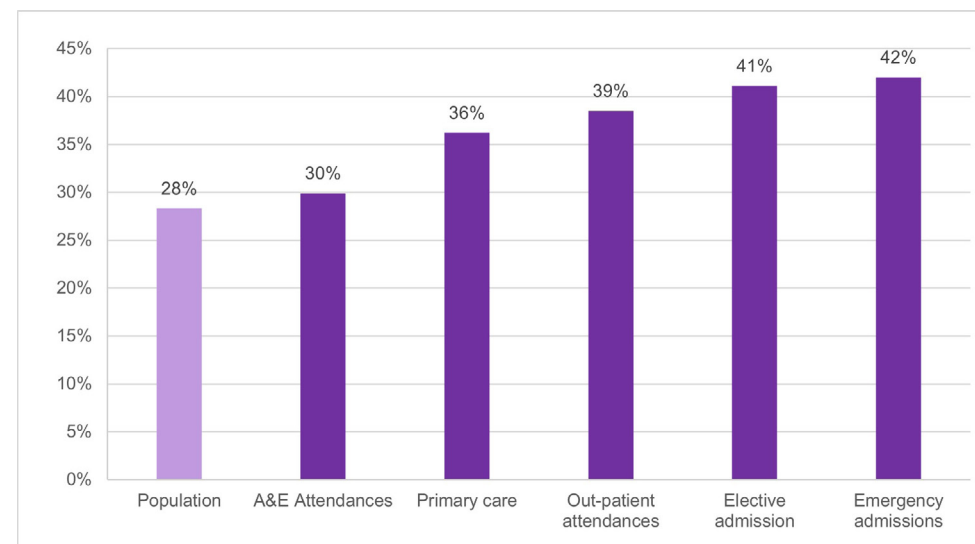


Based on the forecast changes in the number of people, their age and sex, and assuming that rates of healthcare use for each age/sex band remain constant, it is forecast that by 2043, the people of Bedford Borough per year will:

- Require over 300,000 more primary care consultations
- Require more than 100,000 additional outpatient appointments
- Make over 20,000 more visits to A&E
- Require more than 11,000 additional admissions for elective procedures
- Require over 6,000 more emergency admissions

Proportionally these increases are higher than the growth of the population overall, with only the increases in A&E attendances close to the growth of the population (Figure 8).

Figure 8: Percentage changes in population and healthcare activity, for Bedford Borough residents, 2023 to 2043



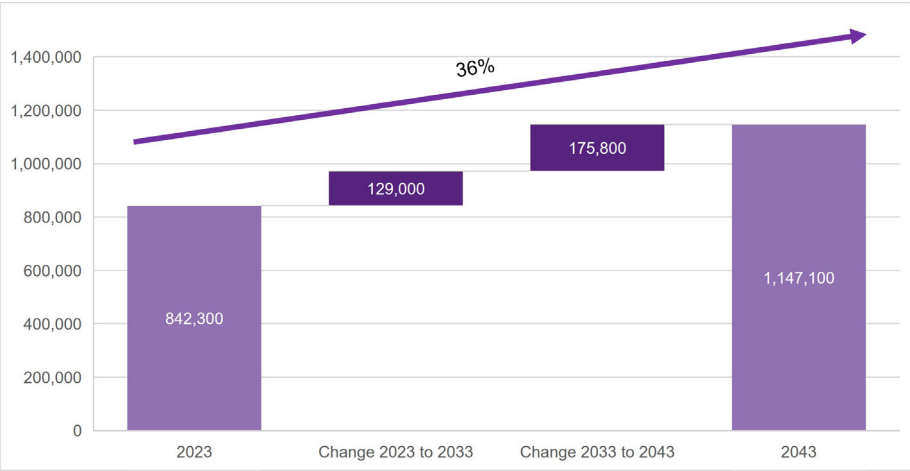
Source: Arden & GEM health activities report and local population forecasts



Primary care consultations

From 2023 to 2043, the number of primary care consultations³ is forecast to rise by more than a third (36%), reaching over 1.1 million consultations per year across Bedford Borough.

Figure 9: Forecast increase in primary care consultations for Bedford Borough residents, 2023 to 2043

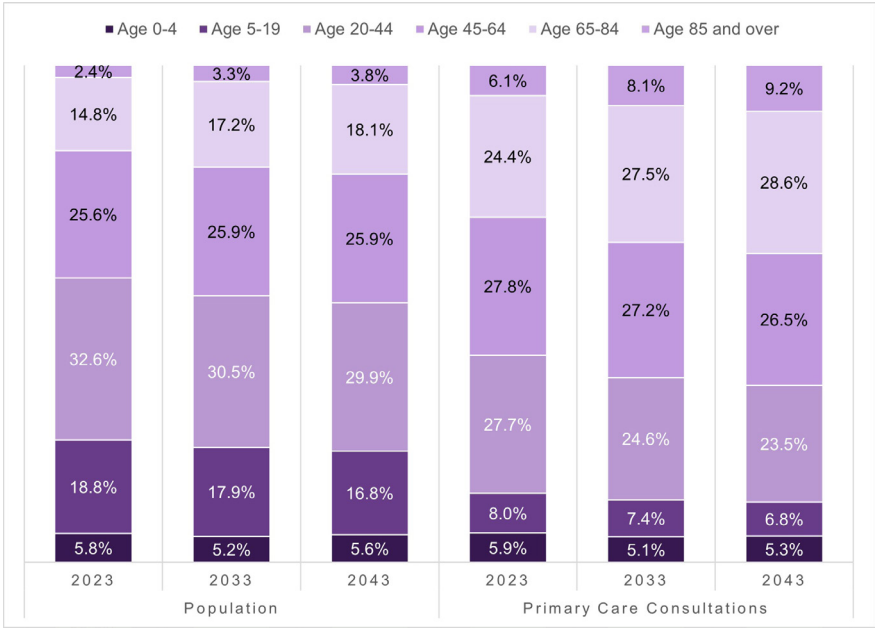


Source: Arden & GEM and local population forecasts

The growth in primary care consultations to 2043 is forecast to be eight percentage points higher than the rate of growth for the overall population, a difference that is mainly due to the increasing numbers and proportion of older people, who typically use primary care services more often.

In 2023, adults aged 65 and over accounted for 31% of primary care consultations, although they made up just 17% of the population. By 2043, adults aged 65 and over are expected to comprise 22% of the population but will account for 38% of primary care consultations. The number of consultations each year for people aged 65 and over will grow by 69% by 2043, whereas for people under 65 it will grow far less, by 22%.

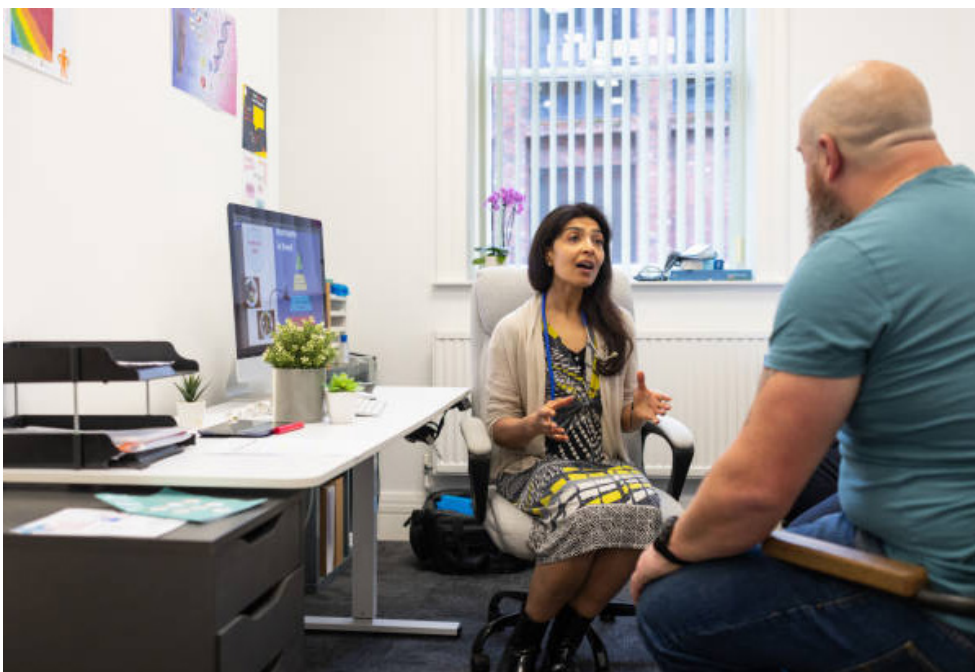
Figure 10: The proportion of the population and primary care consultations by age group, for Bedford Borough residents in 2023 and forecast for 2043



Source: Arden & GEM healthcare activities report and local population forecasts

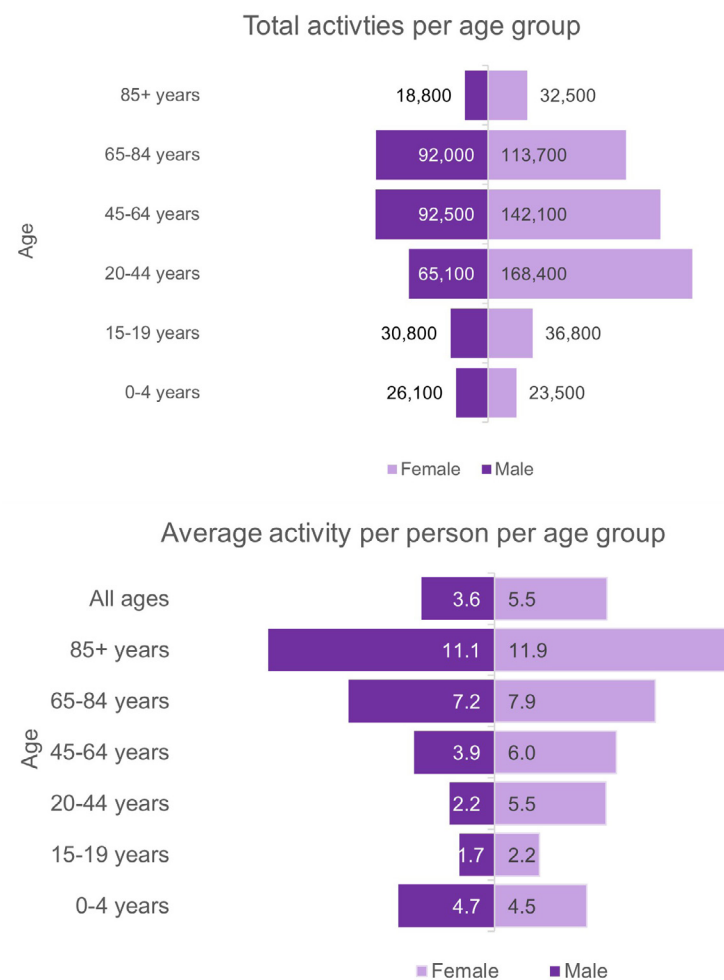
3. Primary care consultations include all appointments with GPs and practice nurses, as well as with a small number of other medical therapists, such as physiotherapists, when they are attached to primary care rather than hospitals. It includes any kind of clinical interaction including face-to-face and phone consultations.

Primary care use varies considerably by age and by sex (see Figure 11). On average in 2023, female Bedford Borough residents visited their GP practice 5.5 times per year, and male residents visited 3.6 times; much of this difference is probably linked to maternity in younger women. Differences by age are even greater: women aged over 85 had 12 consultations per year and males 11, compared to 5 and 2 respectively for working age adults (aged 20 to 64). Furthermore, the nature of consultations changes with age; older adults often have more and more complicated health conditions that require more time per consultation⁴.



4. Gopfert, A, Deeny, S, R, Fisher, R & Stafford, M (2021), Primary care consultation length by deprivation and multimorbidity in England: an observational study using electronic patient records British Journal of General Practice; 71 (704): e185-e192. DOI: 10.3399/bjgp20X714029

Figure 11: Total and average primary care consultations per person by age group and sex, Bedford Borough residents, 2023



Source: Arden & GEM healthcare activities report analysis

Patients per GP

In 2023/24, the BLMK ICB area had among the highest number of patients per fully qualified GP (FQGP) in the country, meaning that GPs and other practice staff in our areas are managing many more patients than average. In Bedford Borough, the number of FQGPs has increased faster than the other three places over the previous seven years and there are now 73 FQGPs in the area. Of the four local authorities in BLMK, Bedford Borough had the lowest (best) number of registered patients per FQGP: 2,803 patients per FQGP in August 2024; but this is still very high. Given the anticipated population growth, maintaining this very stretched number of 2,800 patients per fully qualified GP into 2043 would require an additional 12 fully qualified GPs (taking us to 85 FQGPs overall).

This forecast of patients per GP is based solely on overall population growth and does not take into account the ageing population; and as discussed previously, older people tend to use primary care more frequently and so further additional demand is likely.

The number of patients per FQGP in Bedford Borough is considerably higher (worse) than the England average, which was 2,301 per FQGP in August 2024. 80 Bedford GPs in total would have been needed in 2023 to achieve the current England average and 103 in total in 2043.

This analysis has only considered number of GPs; we acknowledge that a lot of primary care is delivered by other clinical staff. We have not yet analysed how the capacity of other staff groups may need to change to meet future population needs.



Hospital settings

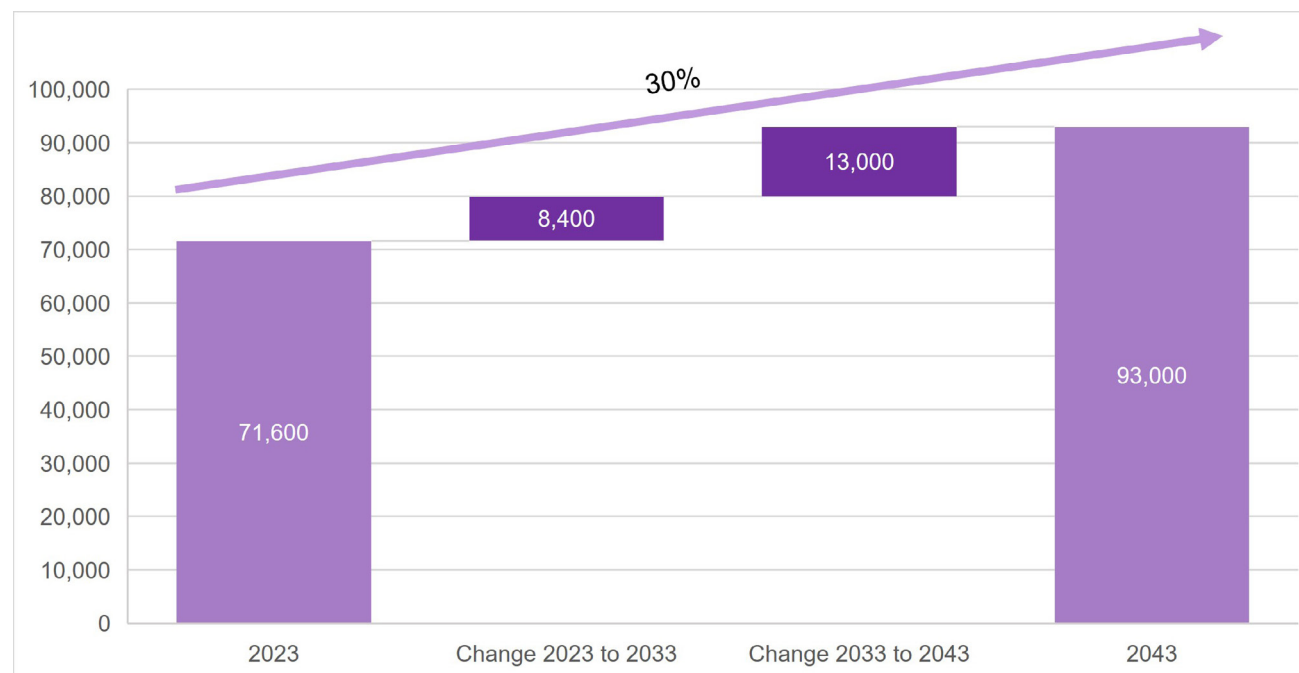
In hospital settings, the impact of the ageing population is also expected to lead to increases in activity beyond the forecast 28% growth in the population. The age profile of the population means that the proportion of activities accounted for by people aged over 65 years is forecast to shift from a little over a third to closer to half of all hospital activities, except in A&E.

Accident & Emergency

The number of attendances at A&E by people registered with a Bedford Borough GP⁵ is forecast to rise 30% by 2043, slightly higher than population growth. This is an increase of 21,400 new attendances, which would take the total to over 90,000 for the year –approximately 255 a day, or one attendance every 6 minutes⁶.



Figure 12: Forecast increase in Accident and Emergency attendances for Bedford Borough residents, 2023 to 2043



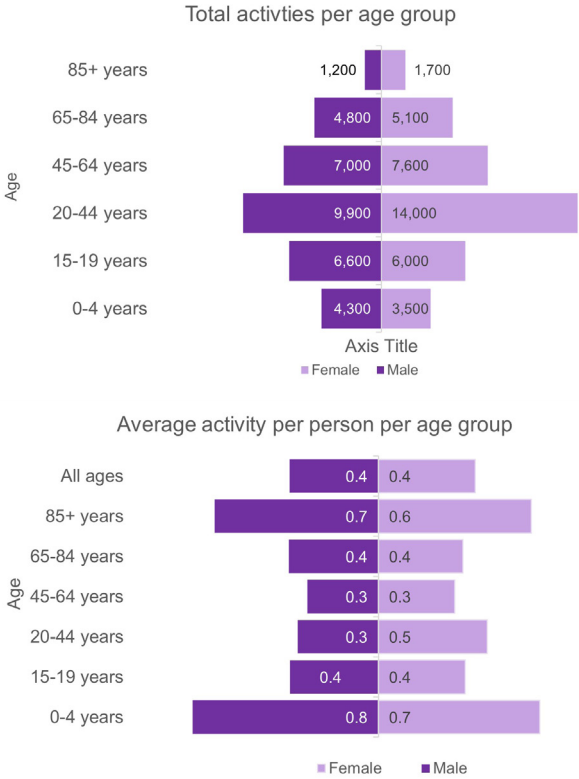
Source: Arden & GEM healthcare activities report and local population forecasts

5. Bedford Hospital A&E is of course also used by many people who live elsewhere and are registered with GPs outside of Bedford's boundaries; the figures in this report relate only to Bedford Borough- registered patients.

6. Assuming an even spread of attendances over 24 hours 365 days a year.

On average, Bedford Borough residents attend A&E less than once every two years (Figure 13). Attendances are most likely among the Borough’s oldest and youngest residents, with these two age groups around twice as likely as average to visit A&E.

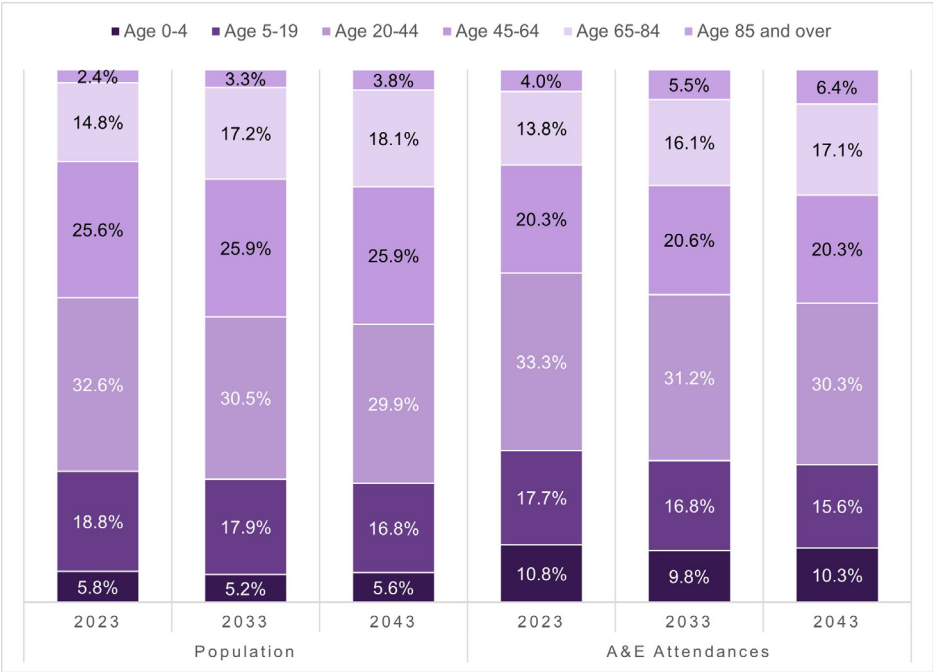
Figure 13: Total and average A&E attendances per person by age group and sex, Bedford Borough residents, 2023



Source: Arden & GEM healthcare activities report analysis

However, in numerical terms, the majority of A&E attendances are made by working age adults (53.6% in 2023, forecast to be 50.6% in 2043). At present, 17.8% of attendances are older adults (65 and over), and in 2043 this is forecast to increase to 23.5%.

Figure 14: The proportion of the population and A&E attendances by age group, for Bedford Borough residents in 2023 and forecast for 2043



Source: Arden & GEM healthcare activities report and local population forecasts

Hospital admissions

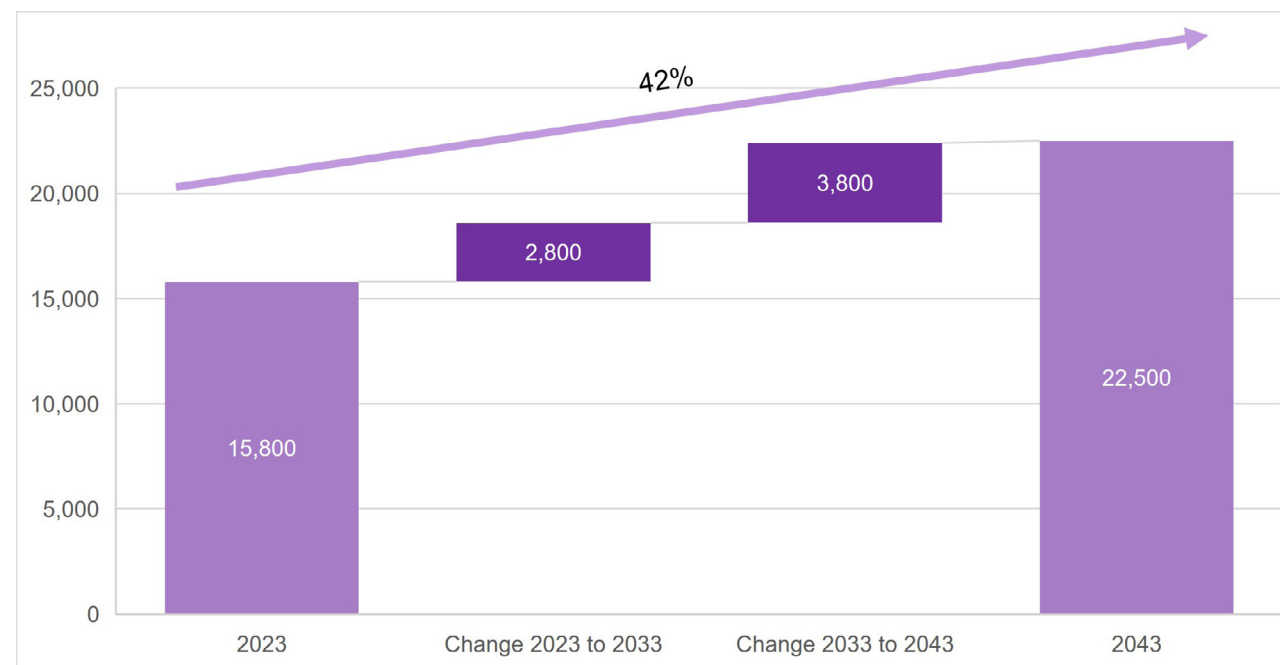
There are two main categories of admissions to hospital: elective (planned) and non-elective (unplanned). Non-elective admissions can be further classified into emergency admissions and others, the majority of which are for maternity services. All types of admission will increase as the population grows but the rates of increase will differ depending on how each type of admission is affected by the changing age profile of the population.

Emergency admissions

By 2043, there are forecast to be around 22,500 emergency admissions, an increase of 42% from 2023 (Figure 15). This significant increase reflects the change in population demographics previously outlined and particularly the growth in older people.



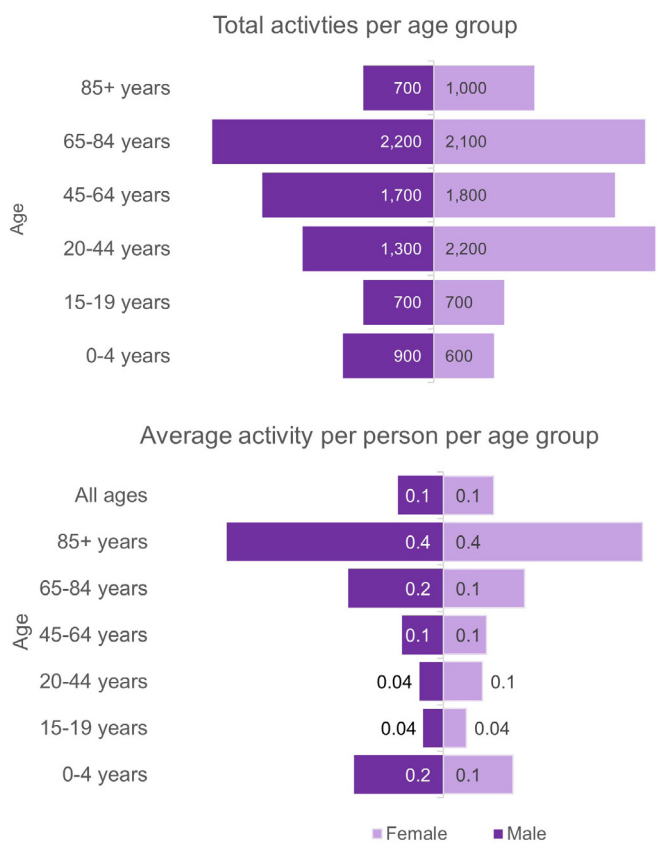
Figure 15: Forecast increase in Emergency Admissions for Bedford Borough residents, 2023 to 2043



Source: Arden & GEM healthcare activities report and local population forecasts

In 2023, the average emergency admissions per person aged 65 and over was double that of any other age group. This age group accounted for 38% (5,900) of all emergency admissions.

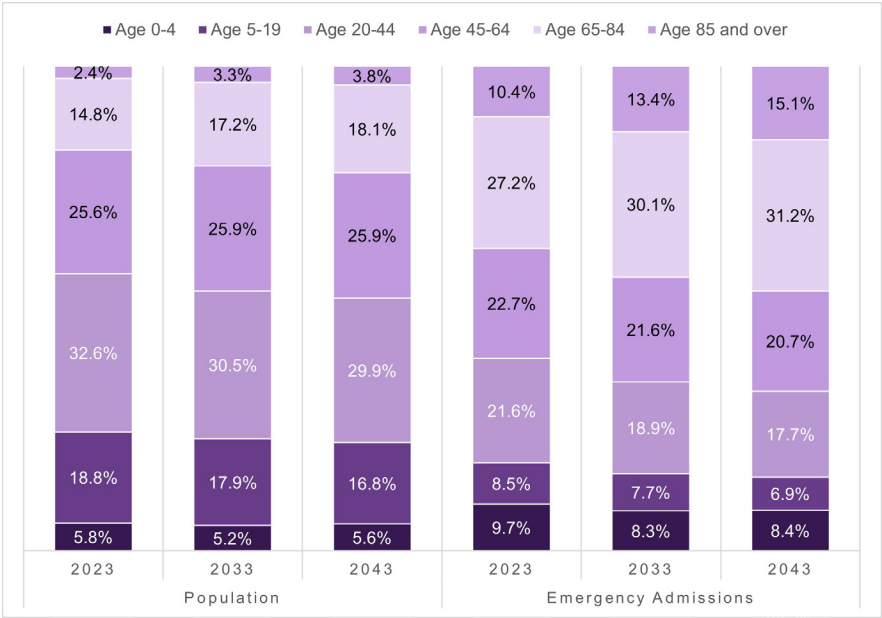
Figure 16: Total and average emergency admissions per person by age group and sex, Bedford Borough residents, 2023



Source: Arden & GEM healthcare activities report analysis

The proportion of emergency admissions for people aged 65 and over is forecast to rise to 46% (around 10,400 admissions) by 2043.

Figure 17: The proportion of the population and emergency admissions by age group for Bedford Borough residents in 2023 and forecast for 2043

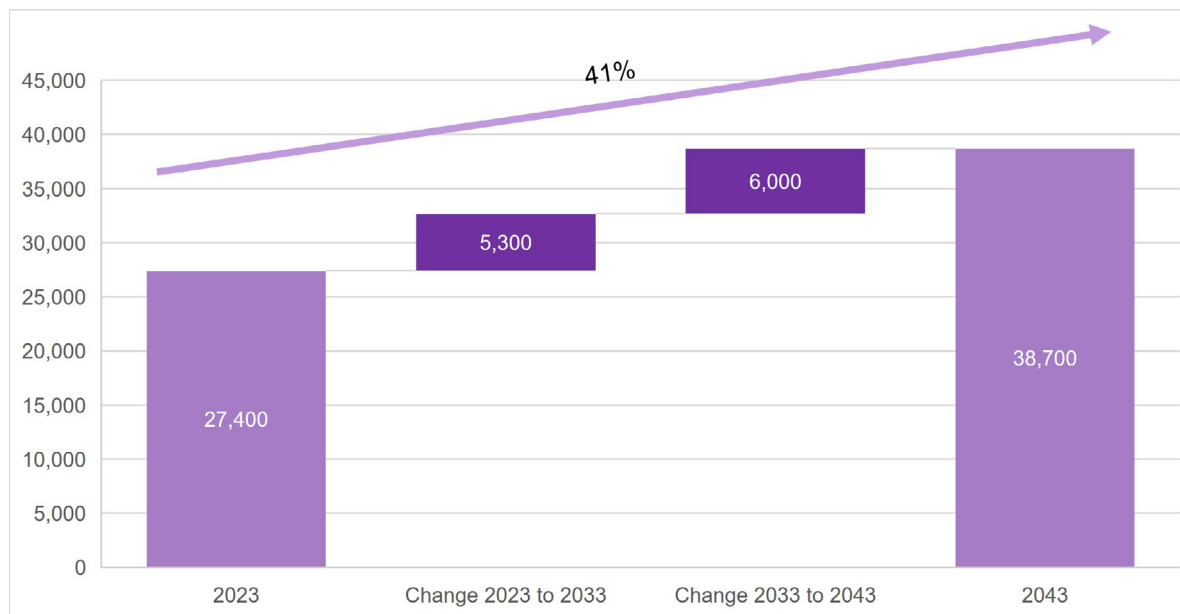


Source: Arden & GEM healthcare activities report and local population forecasts

Elective admissions and procedures

Elective (planned) admissions and outpatients appointments similarly reflect the additional pressure on health services expected from the ageing population. An additional 11,300 elective admissions are forecast annually by 2043, a 41% increase from 2023.

Figure 18: Forecast increase in elective admissions for Bedford Borough residents, 2023 to 2043

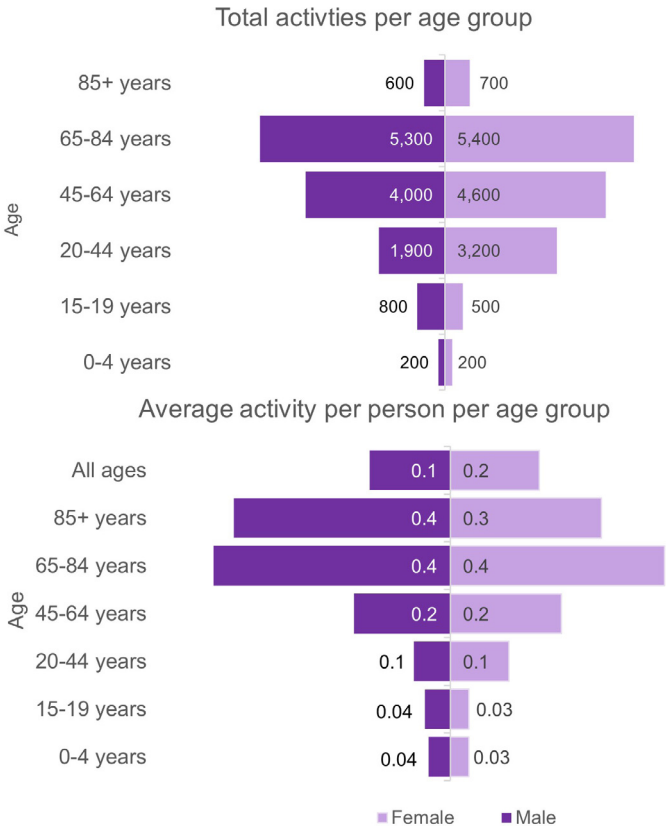


Source: Arden & GEM healthcare activities report and local population forecasts



This increase is expected to be driven by older adults aged between 65 and 84, who will increase in number and are also more likely to have a planned admission. This age group has both the highest number of elective admissions and the highest rate of elective admissions per head.

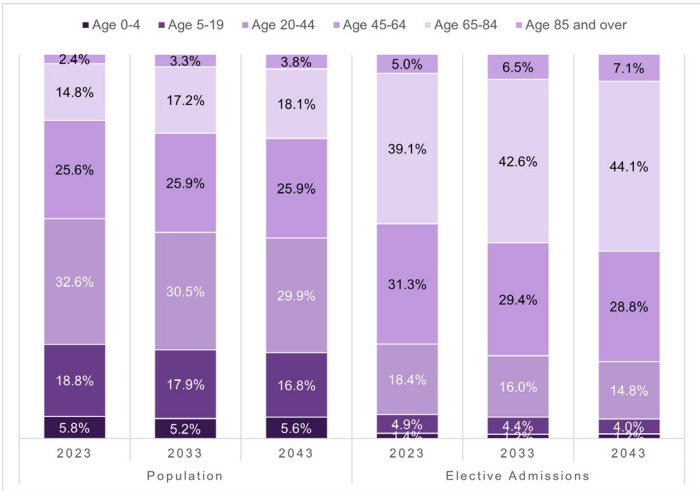
Figure 19: Total and average elective admissions per person by age group and sex, Bedford Borough residents, 2023



Source: Arden & GEM healthcare activities report analysis

Overall, the proportion of elective admissions accounted for by people aged 65 and over is forecast to exceed 50% in 2043. Figure 20 shows how the age profile of elective admissions is likely to change over time with an increasing proportion of older patients.

Figure 20: The proportion of the population and elective admissions by age group for Bedford Borough residents in 2023 and forecast for 2043



Source: Arden & GEM healthcare activities report and local population forecasts

In Bedford Borough, cancer-related treatments are the most common reasons for elective admissions, with chemotherapy accounting for the highest proportion of procedures, followed by the continuous infusions of therapeutic substances. Cataract surgery also features in the top five procedures.⁷

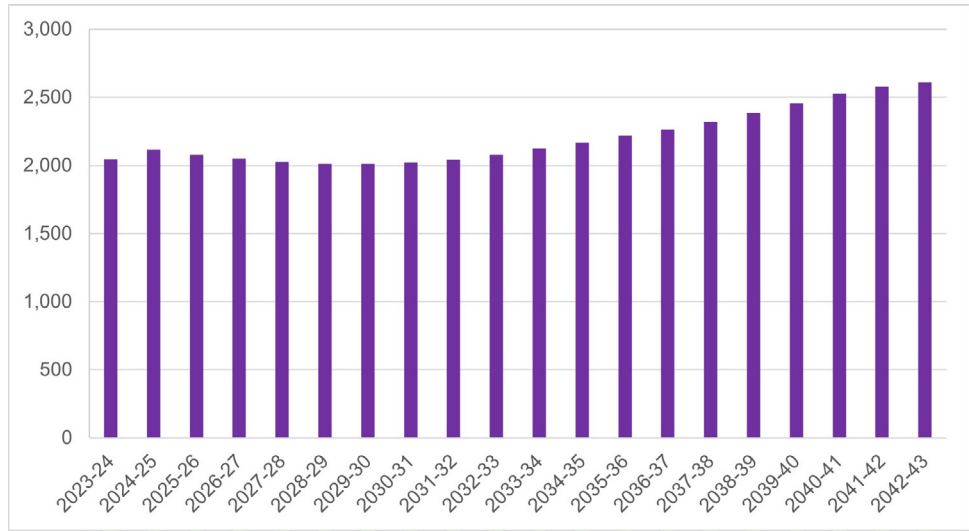
7. Please note that hospitals across BLMK do not code cancer treatments and other procedures consistently – in some areas these would be included as an elective admission, in other areas as an outpatient appointment. As cancer treatment is quite common, these differences in coding will affect overall rates of elective admissions and outpatient care, and so our areas should not be compared. We have not attempted to impose a consistent approach to these procedures to ensure they are categorised in the same way across BLMK.

Other non-elective admissions

Other non-elective admissions largely relate to the use of maternity services. The fertility rate locally is expected to fall for some time, and as such the forecast for non-elective admissions is mostly static until around 2033 – in contrast to the increasing demand that is forecast for other types of health service activity.

However, increased house building from 2033 onwards is expected to attract younger adults, resulting in more births that will increase demand for services, resulting in a 21% rise from 2023 to 2043 (Figure 21).

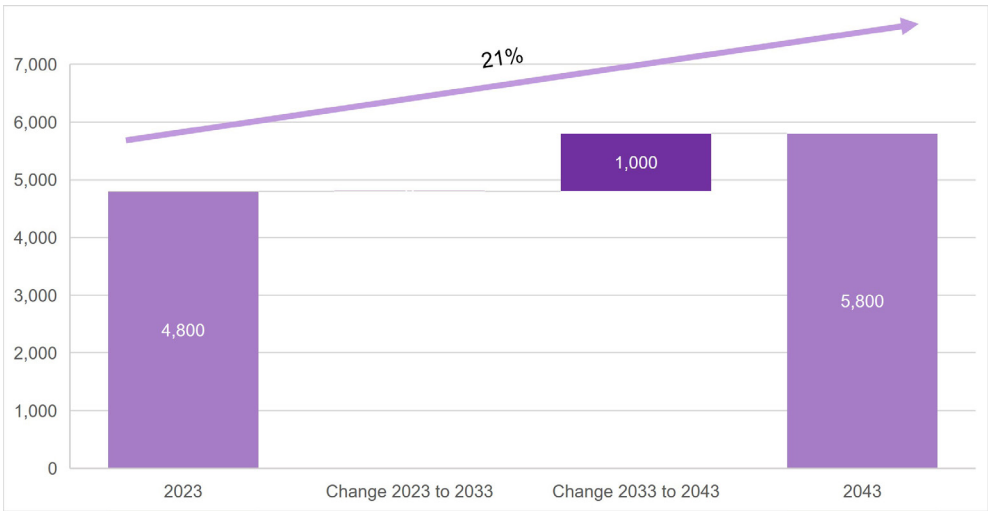
Figure 21: All births to Bedford Borough residents, forecasts for 2023 to 2043



Source: Local population forecasts



Figure 22: Forecast increase in other non-elective admissions for Bedford Borough residents, 2023 to 2043



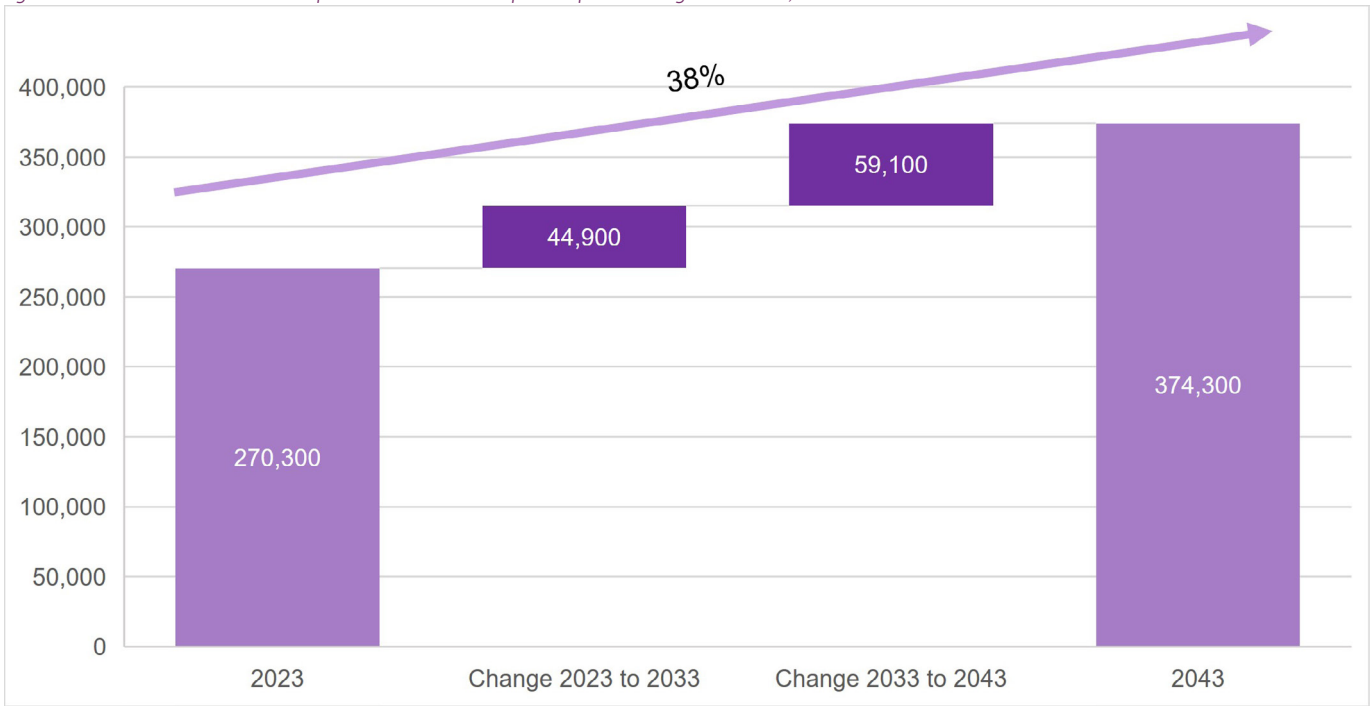
Source: Arden & GEM healthcare activities report and local population forecasts

Outpatient attendances

Outpatient appointments follow a similar pattern to other services except other non-elective admissions, with growth of 38% forecast by 2043 (over 100,000 additional outpatient appointments per year).

Reasons for outpatient appointments are complex and not reported here. As with elective admissions, there appear to be differences between hospitals locally in whether certain procedures are coded into the outpatient or elective admission categories, and this means that comparing rates in Bedford Borough with other areas may not be meaningful.

Figure 23: Forecast increase in outpatient attendances for Bedford Borough residents, 2023 to 2043

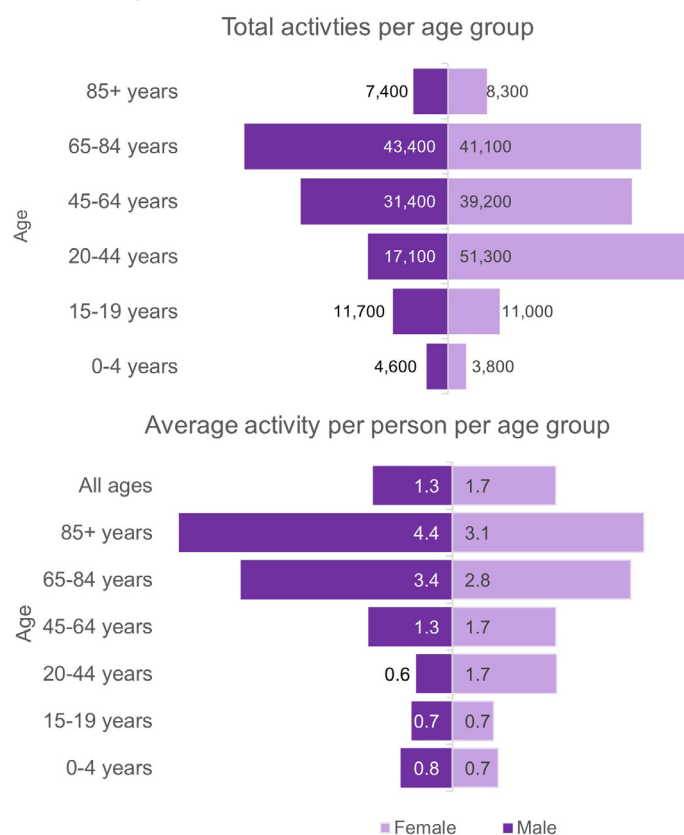


Source: Arden & GEM healthcare activities report and local population forecasts



For outpatients it is the oldest adults, those aged 85 and over, particularly males, who are most likely to require outpatient services, although females aged 20 to 44 accounted for the most appointments (likely to be driven by maternity care).

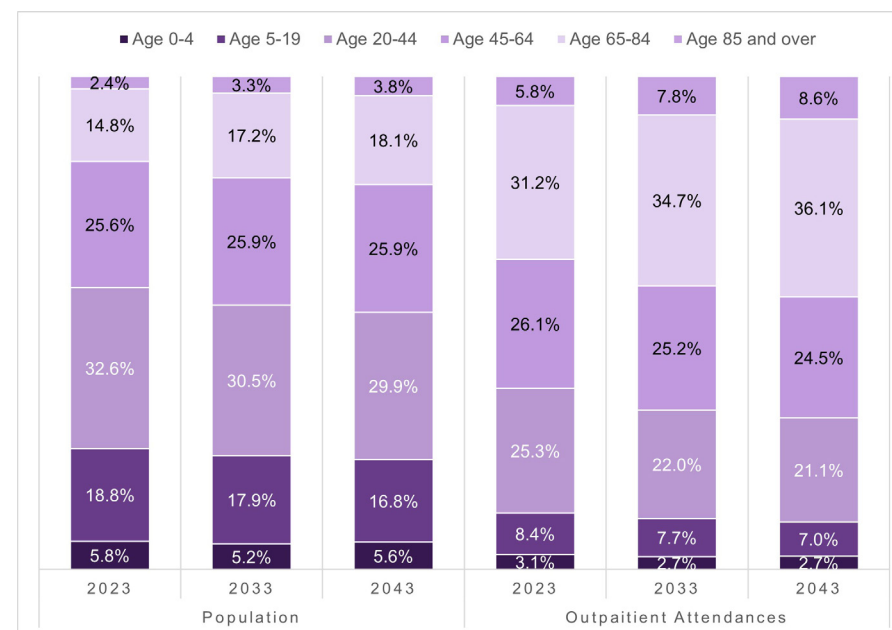
Figure 24: Total and average outpatient attendances per person by age group and sex, Bedford Borough residents, 2023



Source: Arden & GEM healthcare activities report analysis

Again, this is linked to the ageing of Bedford Borough's population. In 2023, 37% of outpatient appointments were for people aged 65 and over (100,200 appointments) but by 2043 this is forecast to increase considerably and 45% of all appointments will be for older adults (167,200 appointments).

Figure 25: The proportion of the population and outpatient appointments by age group for Bedford Borough residents in 2023 and forecast for 2043



Source: Arden & GEM healthcare activities report and local population forecasts

Conclusions and next steps

This work takes what we know about health, disease, and healthcare use at present in Bedford Borough in 2023, and combines it with our understanding of likely population change and growth, to predict potential health and healthcare need over the next twenty years.

These forecasts show that while the population of Bedford Borough is likely to grow by over a quarter by 2043, the use of nearly all types of healthcare will grow more rapidly, with very significant additional demands on our already-stretched hospital and primary care services. The scale of additional activity is not something that can be met just by 'doing more with less' - for example, a 36% increase in primary care activity will require substantial primary care staff recruitment and infrastructure, and a 42% increase in emergency admissions will require additional A&E and hospital capacity and staffing. The impacts of population growth clearly reach beyond the NHS, as the same pressures will affect social care and other public services, though this is not the focus of this report.

The number of Bedford Borough residents with health conditions will rise, as will the prevalence of many conditions across the population. The number of people with a cancer diagnosis is forecast to rise by 54%, and cardiovascular disease by 61%. The increase in disease and healthcare use is partly due to overall population growth but is also driven by the ageing population. Life expectancy gains and falling mortality rates are welcome, but as people age, healthcare needs tend to increase and become more complex. As such, healthcare activity will rise faster than population growth.

We have not yet looked at how disease or service use vary with ethnicity, however, with increasing ethnic diversity in the next 20 years services will need to ensure they are accessible and culturally appropriate.

As we have made clear, these are forecast figures, but the population of Bedford Borough is very likely to grow and age significantly even if it does not closely follow the predicted trajectories. The assumptions and forecasts can be scrutinised and revised, but the overall message is likely to remain the same: Bedford Borough faces a steep increase in the numbers of people in poorer health and this means a very substantial additional need for health and care services over the next 20 years.

The scale of additional health and care need means that a combination of approaches will be required to meet or mitigate the need. It is increasingly critical that we are more preventative in our approach to health and healthcare, and there is considerable scope to reduce disease prevalence if we can invest to improve the social and economic conditions that cause ill health and make it easier for people to lead healthier lives. We will, however, never prevent all illness. And when illness does occur, better management of disease is important but will not prevent all decline. Similarly, the efficiency of healthcare services can always be improved, but people will continue to need hospitals and primary care, and we will not be able to redirect all of the additional demand. We hope that this analysis will inform long-term thinking about the health and care needs of our local community.

The next steps for the PHIU are to look at condition-specific forecasts of patient numbers and healthcare need. In depth work on cancer, musculoskeletal conditions, and mental health conditions is underway and seeks to inform health planning with the best possible information currently available.

Finding out more

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Public Health

Bedford Borough Council
Borough Hall
Cauldwell Street
Bedford
MK42 9AP



public.health@bedford.gov.uk



www.bedford.gov.uk