

# COMMISSIONING NEWS

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## Creating better health value: understanding the economic impact of NHS spending by care setting

Aug 25, 2023 10:26AM

NHS Confederation - August 2023

### Key points

- Economic growth remains a central plank of the government's reform agenda, featuring as one of the Prime Minister's top five priorities. In the run up to the 2022 Autumn Statement, the NHS Confederation and Carnall Farrar (CF) modelled the first national attempt at quantifying the positive relationship between increasing NHS spending, health outcomes and economic activity. Our analysis, detailed in From Safety Net to Springboard, revealed that every pound invested in the NHS results in around £4 back to the economy through increased gross value added (GVA). This economic growth includes gains in productivity, as improved health outcomes make individuals more productive within the economy, and increased employment, both directly and indirectly.
- In this follow-up report, we delve deeper into this investment, examining local variations in NHS spend and identifying which of a range of care settings can deliver the most economic output when their funding is increased, including acute, primary, community and mental health care. This differentiation is increasingly important, with the Hewitt review making clear that 'health value' is a core part of embedding long-term strategic change and the shift to prevention.
- CF's analysis, conducted in early 2023, found a statistically significant association between NHS spending increases and GVA growth. While the data does not allow us to definitely conclude healthcare spending is the cause, we are confident in our conclusions. The analysis reveals four headline findings:
  - 1) Changes in primary, community and acute spend in England were associated with significant growth in economic GVA between 2015 and 2019. Those areas that increased NHS spend by the most experienced far higher GVA growth than those that increased spend by the least.
  - 2) If funding patterns among areas that increased spending the least had matched those that increased spending the most, every additional £1 spent on primary or community care could have increased economic output by £14, were a direct relationship assumed. Higher increases in acute care had lower but still significant impact, with every additional £1 spent potentially increasing GVA by an extra £11.
  - 3) Increasing spending in line with those high increase areas could have delivered average benefits of a higher GVA for a typical-sized integrated care system of £1.7 billion from the primary care spend, £1.2 billion from the community care spend and £1.1 billion from the acute care spend. This is a significant economic impact, which some places in England have missed out on.
  - 4) On the assumption that the tax burden and distribution of public spending remain similar to today, we estimate that if those areas that increased spending the least had invested an additional £1 billion in community, primary or acute care, the additional economic growth created would have returned more than this amount back into the national NHS budget, thus paying for itself.
- Our hypothesis is that mental health spend will have a similarly high return on investment, but the lack of reliable data hinders our ability to prove this. Absence of evidence is not evidence of absence and improving mental health data should be a nationally prioritised area of urgent focus.
- What is clear is the impressive levels of return on investment that can be derived from investing in this range of services. Indeed, the levels of associated health value are such that we strongly believe the case is proven for further and more focused NHS investment, rather than disinvesting in any one given area.
- Based on our findings, we believe additional investment should primarily be focused on non-acute care to have the greatest impact on GVA. The increased return on investment for these particular settings of care reflects the high level of interactions they have with the local economy: improving population health, supporting people to remain in work, improving local infrastructure and providing good jobs in every part of the country. Both the scale of investment as well as its distribution across care settings matter.
- We make a series of recommendations in this report – for national government, for NHS England and for ICS and NHS leaders. Collectively these recommendations can help equip leaders with the necessary focus, information and evidence base to make challenging decisions about how to allocate their resources, making significant strides in evolving to a more preventative system.

Read the Report – Creating better health value: understanding the economic impact of NHS spending by care setting

## Women's health hubs £25 million transformation fund

Aug 25, 2023 10:06AM

Department of Health and Social Care – 24<sup>th</sup> August

The letter to the integrated care boards (ICBs) outlines the allocation of the £25 million women's health hubs fund.

The letter requests that the funding should be used to establish or expand at least one women's health hub in every integrated care system (ICS). It also contains information about published resources to support implementation of hubs, and a new national network of women's health champions.

The reporting template is for ICBs to provide the Department of Health and Social Care with information on plans for spending their funding allocation and setting up a women's health hub.

**Letter to the chief executives of integrated care boards from health ministers, the Women's Health Ambassador and the Chief Nursing Officer**

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## General medical services contract – August 2023

Aug 21, 2023 09:02AM

NHS England 16<sup>th</sup> August 2023

This document is the general medical services contract for 2023/24.

**General medical services contract – August 2023**

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## Proposal for the use of patient group directions by pharmacy technicians – Open Consultation

Aug 21, 2023 07:46AM

Department of Health and Social Care – 18<sup>th</sup> August 2023

This consultation seeks views on the proposal to enable registered pharmacy technicians to supply and administer medicines under a patient group direction (PGD).

It is the ambition of NHS systems across the United Kingdom to maximise the use of the skill mix in pharmacy teams, enabling them to meet more of the health needs of their local populations. By utilising the skills of the whole pharmacy team, pharmacists in community pharmacy will be enabled to deliver more patient-facing clinical services, improving access to care for patients and releasing capacity in the wider NHS. Across other clinical settings this proposal will enable registered pharmacy technicians to maximise the contribution they make within multi-professional teams through more effective use of their unique skills and expertise.

This proposal is supported by all 4 nations across the UK where the future ambitions for the pharmacy technician profession are addressed in the documents below:

- in England: supports the delivery of the NHS Long Term Plan, the NHS Long Term Workforce Plan and the Delivery plan for recovering access to primary care
- in Scotland: supports the future vision for pharmacy in Pharmacy 2030: a professional vision
- in Wales: supports the achievement of ambitions set out in

Pharmacy: delivering a healthier Wales and A new prescription

- in Northern Ireland: supports the commitment to develop the pharmacy technician profession in the Pharmacy workforce review 2020 and Introduction of statutory regulation of the pharmacy technician

**Proposal for the use of patient group directions by pharmacy technicians**

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## Verdict in the trial of Lucy Letby

Aug 21, 2023 07:35AM

NHS England – 18<sup>th</sup> August 2023

Letter from Amanda Pritchard; Sir David Sloman; Dame Ruth May and Professor Sir Stephen Powis, following the outcome of the trial of Lucy Letby.

**Verdict in the trial of Lucy Letby**

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## Elective recovery taskforce: implementation plan

Aug 4, 2023 08:57AM

Dept health and social care – Published 4 August 2023

A plan to turbocharge recovery of the COVID-19 backlog in elective care by leveraging the capacity across the whole system and empowering patients to choose where they are treated.

The implementation plan sets out action in 4 areas:

- empowering patients to exercise their right to choice – overcoming data, technological, information and knowledge barriers to patients, harnessing their right to choose where they receive their care
- delivering a post-pandemic recovery:
  - overcoming obstacles to providers entering the market
  - ensuring payment mechanisms promote the right incentives
  - overcoming barriers to effectively working with the independent sector
- enabling longer-term system sustainability – ensuring the NHS and independent sector work together to develop a sustainable workforce and access to facilities, for additional capacity, both now and in the future
- delivering this plan and going further – the material steps that will support delivery of the recommendations in this plan, and improve how data and evaluation is used across the NHS and independent sector

**Elective recovery taskforce: implementation plan**

# Improving Regulation for the Future – NHS Providers Survey

Jul 21, 2023 06:45AM

NHS Providers

This report sets out the findings of NHS Providers' eighth annual regulation survey, which explores NHS trusts' and foundation trusts' experiences of regulation. We asked respondents to reflect on their experience of regulation during 2022/23, with a specific focus on the roles of CQC and NHSE.

This year's survey was carried out between April and May 2023, against a backdrop of severe challenges relating to performance, finances, ongoing industrial action, and staff burnout.

This year also marks the first anniversary of the establishment of integrated care systems (ICSs) in law. The Hewitt Review recently reflected on how the oversight and governance of ICSs could enable them to succeed, balancing greater autonomy and robust accountability. Meanwhile, the CQC and NHSE have been adapting their own regulatory approaches within a new system environment, by making changes to their assessment, oversight and operating frameworks.

Read the Report – Improving Regulation for the Future

NHS Confederation responds to NHS Providers report 'Improving Regulation for the Future'

## Non-emergency patient transport mobility categories guidance

Jul 18, 2023 11:03AM

NHS England – 18<sup>th</sup> July 2023

This guidance introduces a national standard set of mobility codes and descriptors to support transport providers and commissioners to determine the right level of resource requirements to match a patient's mobility need, to support improved commissioning and to improve transparency of the service to enable benchmarking and service improvement.

***Non-emergency patient transport mobility categories guidance***

# Fit for the Future: A Modern and Sustainable NHS Providing Accessible and Personalised Care for All.

Jul 17, 2023 10:46AM

Tony Blair Institute for Global Change; 2023.

This report proposes how we can keep the principle of health care based on need not on the ability to pay – the originating principle of the NHS – but change radically the way the system works, to incorporate not only what modern technology makes possible, but also the best from health-care systems around the world

Read the Report – **Fit for the Future: A Modern and Sustainable NHS Providing Accessible and Personalised Care for All.**

## Provider Selection Régime: supplementary consultation on the detail of proposals for regulations

Jul 17, 2023 08:35AM

Department of Health and Social Care – 13<sup>th</sup> July 2023

The proposed Provider Selection Régime will be a new set of rules replacing the existing procurement rules for arranging healthcare services in England. The proposed rules will be introduced by regulations made under the Health and Care Bill.

This consultation builds on the engagement and consultation activity which NHS England has undertaken over the past 3 years. It aims to build on the consensus achieved from NHS England's consultation on proposals previously set out for the Provider Selection Régime, and does not repeat or reopen that consultation.

This supplementary consultation seeks views from respondents to help develop the regulations for the Provider Selection Régime.

***Provider Selection Régime: supplementary consultation on the detail of proposals for regulations – government response***

***Provider Selection Régime: supplementary consultation on the detail of proposals for regulations***