The voice of NHS leadership

About the NHS Confederation

The NHS Confederation is the only body that brings together the full range of organisations that make up the modern NHS. Our membership of almost 500 organisations spans the whole health economy and we speak with authority for the NHS on the issues that matter to all those involved in healthcare.

We bring the whole system together and this is our formal representation to HM Treasury for the 2015 Spending Review. It outlines our main messages to the Government on how it can support the NHS in this parliament. It stands for the views of all our networks and offices, including:

- Mental Health Network
- NHS Clinical Commissioners¹
- NHS Employers
- NHS European Office
- NHS Partners Network
- Northern Ireland Confederation
- Welsh NHS Confederation

The messages and proposals outlined in our representation to the 2015 Spending Review are based on detailed analysis and engagement with our members. They have also been developed in partnership with a wide range of organisations in the health and care system, building on the relationships developed as part of the 2015 Challenge.² These partnerships will remain as we look to communicate the proposals we want to see implemented in the 2015 Spending Review.

Our representation

The moral case for transforming how care is delivered to better suit the needs of people today is strong. There is however an equally compelling economic case for investing in the NHS now, so it can better support our society to live healthier lives with less need for medical care. Put bluntly, a strong economy needs a strong NHS.

It is increasingly apparent that more of the same is unsustainable. Unless we get serious about prevention, health needs will continue to grow putting more pressure on our universal health care system. Unless we develop a truly coordinated approach to care, public funding will continue to grow to fund demand with a diminishing rate of return.

The Five year forward view (5YFV) is the present narrative on this and it sets out a compelling vision for new models of care delivering a better NHS by 2020-21.³ It is an ambitious hypothesis that establishes an unprecedented challenge for the NHS, yet our members are determined to realise it. They cannot do it on their own and the 2015 Spending Review has an important role in providing a clear commitment from the Government to support the NHS in becoming more

¹ NHS Clinical Commissioners have submitted a sector representation, which this representation supports
² The 2015 Challenge brought together 21 influential national organisations to speak with one voice
³ NHS England – Five year forward view (5YFV), October 2014
sustainable. It can establish the financial settlement needed and conditions necessary to enable our member to focus on developing the models described in the 5YFV.

The 2015 General Election raised public expectations with promises to protect and improve the NHS in this parliament. Now is the time to back the NHS and deliver on the commitment to fund and support the implementation of the 5YFV. The NHS has a plan - it now needs the clarity and stability to deliver it.

**Closing the NHS funding gap**

Make no mistake about it, there will be a mismatch between current resources and expected need in this parliament. The combination of a bigger population, ageing demographics, growing long term conditions and increasing pressures on prices and pay will make the health system we need to deliver cost more. Estimates in the 5YFV, which are supported by the analysis of a wide range of experts, put this cost pressure at £30 billion a year by 2020-21.4

This funding gap is a significant threat to the sustainability of the NHS and must be a priority in the 2015 Spending Review. We can already see the impact it is having with almost half of NHS providers reporting a financial deficit and an accumulated deficit across the sector of more than £800 million in 2014-15.5 Deficits are expected to grow further this year and pressures are also emerging in commissioning, with a significant overspend in specialised commissioning and some CCGs budgets showing signs of strain.6

The Chancellor of the Exchequer has confirmed the 2015 Spending Review will commit an additional £8 billion for the NHS in this parliament. This is the tough choice the Government makes and reflects the democratic mandate secured by the Conservative Party at the 2015 General Election.7 Our representation does not ask for health spending to increase by any more than £8 billion at this time. This is not because we cannot make a case for the benefits from more resources nor because we think £8 billion would be a secure settlement. Rather, we recognise the mandate on which this political choice is based and the more important duty we have to our members to ensure it is delivered in full.

The NHS appreciates the impact increased health spending has on other public services and on the Government’s ability to live within its means. We recognise that an additional £8 billion for the NHS requires spending cuts of around 6 per cent on average across other departments, within the Government’s current fiscal strategy.8 Nonetheless, we don’t want it to be forgotten that this funding commitment will be a tough settlement for the NHS. It is a real terms increase in spending, yet this is on a per person basis and so reflects only population growth, not other cost pressures relating to ageing demographics and rising long-term conditions.

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4 5YFV, supported by Institute for Fiscal Studies – *IFS Green Budget*, March 2015 and Health Foundation - *NHS finances: the challenge all political parties need to face*, January 2015
5 Department of Health – *Annual Report and Accounts*, July 2015
7 Conservative Party – *Strong leadership, a clear economic plan, a brighter, more secure future*, April 2015
8 Institute for Fiscal Studies – *IFS Green Budget*, March 2015
The additional £8 billion meets only part of the £30 billion funding gap and leaves £22 billion in other cost pressures that will need to be met elsewhere. The 5YFV suggests the NHS could improve productivity to fill the gap, yet this would be almost double the long run average in the NHS and more than the recent average, in which the NHS made significant savings. We are currently working with the national bodies who published the 5YFV and bringing our members together to develop a sector-led plan for how to deliver significant savings in this parliament. This reflects the fact that while there is a view on what the NHS needs to do, this can only be realised through local delivery based on local plans and ownership of the change.

There is concern among our members about their ability to deliver the savings needed using traditional approaches to efficiency. Lord Carter’s initial findings of NHS provider productivity found at most £5 billion in savings by 2020-21, which accounts for under a quarter of what is needed. A radical shift will be needed then in how savings are made, moving from the technical to the allocative, and investment in new models of care will need to happen at pace.

Such an approach demands certainty and stability in funding to allow local systems to plan how to make savings. The conditions needed to do this successfully, such as ensuring strong public engagement, safe handover of services and proper workforce planning, will take longer than a single annual cycle. It also requires funding to be available up-front to enable investment early in the parliament to realise greater benefits towards the end. Multi-year funding for the next five years, front-loaded early in the parliament is necessary then to deliver the 5YFV and to establish a stable environment for external investment and planning.

It is also important that additional funding is delivered in full as a real terms increase of all health spending. NHS England’s budget is the bulk of health spending, i.e. almost £100 billion a year, yet vital resources sit outside of this budget and mandate. This includes the funding for capital investment, public health and the running costs of the whole health system. These resources play an important role in delivering the 5YFV and it would be counter-productive to cut them to fund the £8 billion commitment. Furthermore, doing so would disregard the fact that some funding streams, such as the rebate from the Pharmaceutical Price Regulation Scheme (PPRS), are paid directly to the Department of Health yet should be protected as part of NHS funding.

The NHS met the tough task it was set in the last parliament and it is ready to tackle the new challenge set in this parliament, with funding once again lagging behind demand. Our members understand the need to improve productivity further, yet their ability to do so will depend on the support and resources made available in the 2015 Spending Review.

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9 This is in partnership with NHS Clinical Commissioners, NHS Providers, Local Government Association, National Voices and royal colleges
11 Department of Health and ABPI - The Pharmaceutical Price Regulation Scheme 2014, December 2013
## Our 2015 Spending Review proposals: Fund the 5YFV in full

<table>
<thead>
<tr>
<th>Proposal 1</th>
<th>HM Treasury should outline a multi-year plan across the whole of this parliament for increasing health spending by at least £8 billion a year by 2020-21</th>
</tr>
</thead>
</table>
| **Benefits** | • Provides certainty and stability for the NHS  
• Enables better planning to deliver the 5YFV  
• Creates a more stable environment to attract external investment |
| **Costs** | No additional costs to £8 billion funding already confirmed |

<table>
<thead>
<tr>
<th>Proposal 2</th>
<th>HM Treasury should confirm that additional funding applies to the total department budget to protect all NHS spending</th>
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| **Benefits** | • Meets the commitment to increase NHS spending in real terms  
• Protects resources outside of NHS England budget vital to delivering the 5YFV  
• Recognises funding flows outside NHSE budget, such as the PPRS |
| **Costs** | Increasing TDEL in flat real terms with an additional £8 billion will see NHS spending reach £137.5 billion in 2020-21 (at least £132.4 billion in 2019-20)\(^1\) |

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<tr>
<th>Proposal 3</th>
<th>HM Treasury should confirm that at least £4 billion of additional funding will reach the NHS budget by 2017-18</th>
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</table>
| **Benefits** | • Provides commitment to fund 5YFV with up-front resources  
• Enables NHS to invest early in the parliament  
• Allows greater benefits to be realised later in the parliament |
| **Costs** | Front-loading sees £4.1 billion additional NHS spending in 2017-18, compared to £1.4 billion in a back-loading scenario\(^2\) |

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\(^1\) Health Foundation – *Representation to the 2015 Spending Review*, September 2015 (shared privately)  
\(^2\) NHS Confederation – *SR15 Supporting Analysis*, September 2015 (published separately)
**Closing the social care funding gap**

One of the biggest risks to the NHS in the next parliament is from a budget outside of the Department of Health. Local government budgets have been cut significantly, by around 60 per cent in real terms, and this has impacted on the funding available to child and adult social care services.\(^{14}\) Many local authorities have prioritised social care, which is demonstrated by the fact that social care now accounts for 35 per cent of their total budgets compared to 30 per cent at the start of the last parliament.\(^{15}\) Their ability to do this though is limited by the scale of the overall cuts and spending on adult social care has reduced by £4.6 billion, which is around a third of the total budget in real terms.\(^{16}\)

This has resulted in eligibility thresholds being tightened, so that only the most severe needs are often met through state-funded social care. In total, around 400,000 fewer people accessed care from local authorities in the last parliament.\(^{17}\) These are people with social care needs and they will be living either with their needs unmet or else they can reach a crisis point when they have no choice but turn to other public services, such as the NHS, for support. They are also more likely to stay in hospital longer because it is too risky to transfer them home without the support of social care services.

There is also a big challenge for self-funders of social care services with the prolonged delay in implementing the recommendations from the Commission on Funding of Care and Support led by Sir Andrew Dilnot.\(^{18}\) The central recommendation from this was to install a cap on individual care costs, above which they would be eligible for full state support. The Commission recommended a cap of between £25,000 and £50,000, which would establish certainty on lifetime contributions and allow individuals to plan for old age. Initially, the Government announced a cap above the recommended range, at £75,000, which was planned to be introduced by April 2016.\(^{19}\) It has since announced this will be delayed until at least April 2020 continuing the uncertainty for self-funders.\(^{20}\) The 2015 Spending Review needs to address this issue and provide clarity and support for all social care.

Our members have been unequivocal about the impact social care cuts are having on local services. In our recent survey, 99 per cent of NHS leaders said social care cuts are increasing the pressures on the NHS and the most prominent impact noted by 79 per cent was the increased time people remain in hospital.\(^{21}\) For a number of years now, we’ve alerted the Government to this impact and yet spending pressures have continued to be tolerated. Further to this response, we’ve united with other representatives of the care and support sector to issue a joint statement

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\(^{14}\) HM Treasury - Public Expenditure Statistical Analyses 2015, July 2015  
\(^{15}\) Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) - *Response to the inquiry into public expenditure on health and social care*, October 2014  
\(^{16}\) ADASS – ADASS Budget Survey 2015, May 2015  
\(^{17}\) ADASS Budget Survey 2015  
\(^{18}\) Commission on Funding of Care and Support - *Fairer Funding for All*, July 2011  
\(^{19}\) Department of Health – “Landmark reform to help elderly with care costs”, February 2013  
\(^{20}\) Department of Health – “Delay in the implementation of the cap on care costs”, July 2015  
\(^{21}\) NHS Confederation – *Member Survey 2015*, June 2015
to highlight the impact of reducing social care costs and to urge the Government to ensure social care funding is protected in this parliament.22

The 5YFV is clear that the ambitious analysis for meeting the NHS funding gap is based on an assumption of social care services being sustained.23 This implies that the ability of the NHS to make unprecedented savings in this parliament relies on the Government addressing the social care funding gap. Therefore, if the Government chooses not to close the social care funding gap in the 2015 Spending Review, it will be choosing not to support the delivery of the 5YFV.

Demand for social care services are expected to grow on a similar scale to the NHS in the next parliament. The social care system we need to deliver then will cost more by 2020-21. Estimates from the Association of Directors of Adult Social Services (ADASS) put this cost pressure at £4.3 billion a year by 2020-21.24 An agreement with local government is needed in the 2015 Spending Review on how much of this funding gap can be met through savings and what additional resources are needed. This should be on top of plans to cover additional costs relating to implementing the Care Act and the Deprivation of Liberty Safeguards.25

The Better Care Fund (BCF) has been a worthwhile attempt to boost the scale and pace of local integration. It supports local planning for health and social care around a joint fund that brings local partners together. There are lessons from how it was implemented and the Government should use the evaluation promised by NHS England this year to inform its thinking on the BCF’s future.26 This should help establish a clearer remit for it going forward and an understanding of how best to ensure it meets its objectives in the future. Any increases in the minimum fund pooled through the BCF, i.e. above £3.8 billion, should be driven locally and at a pace set by local partners. We look forward to working with the Department of Health and other departments on the implementation of this second phase of the BCF.

The Government must address concerns about the funding of social care or else the £30 billion NHS funding gap will be bigger, the £22 billion efficiency savings will not be achievable and the £8 billion additional health spending will not be enough. Transferring funds from the NHS to social care through the BCF is not sufficient to meet what is needed in this parliament, without additional resources. Supporting local partners by devolving powers to CCGs and local authorities will not solve the problem, without the funding gaps in both the NHS and social care being addressed.

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22 This joint representation from the care and support sector comes from just under 20 national organisations, including ADASS, Age UK, Care and Support Alliance, Carers UK, the Alzheimer’s Society and National Voices
23 5YFV, October 2014
24 LGA and ADASS, October 2014
25 LGA and ADASS, October 2014
26 NHS England - The forward view into action: planning for 2015/16, December 2014
# Our 2015 Spending Review proposals: Resource social care appropriately

<table>
<thead>
<tr>
<th>Proposal 4</th>
<th>HM Treasury should outline a multi-year plan across the whole of this parliament for addressing the social care funding gap by 2020-21</th>
</tr>
</thead>
</table>
| Benefits   | • Provides certainty and stability for social care  
             • Reduces the impact of social care cuts on the NHS  
             • Supports the delivery of the 5YFV |
| Costs      | Depending on agreement with local government on how much of the estimated £4.3 billion funding gap needs to be met by additional resources |

<table>
<thead>
<tr>
<th>Proposal 5</th>
<th>HM Treasury should confirm a clear plan for retaining the Better Care Fund at the current level of funding and how it will operate in practice</th>
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</table>
| Benefits   | • Provides certainty on the BCF for the NHS and social care  
             • Ensures the next phase of the BCF has an impact on integration  
             • Clarifies that funding will not be mandated beyond current levels |
| Costs      | No additional costs to the current £3.8 billion transfer |

<table>
<thead>
<tr>
<th>Proposal 6</th>
<th>HM Treasury should provide certainty and support for individuals who are planning and funding their own social care</th>
</tr>
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</table>
| Benefits   | • Enables people to plan appropriately for their social care costs  
             • Provides certainty for the private insurance market  
             • Limits the impact of people failing to plan for their social care needs properly |
| Costs      | Depending on the level of support, the cost of maintaining the full cap from 2016 is estimated at £6 billion over five years |
**Transforming care in the 21st Century**

The NHS wants to get on and deliver the 5YFV. Many of the new models of care it describes have been talked about for years, yet there is a renewed enthusiasm to use this parliament to implement major service change. The changing needs of people today, shifting from acute to long-term conditions, demands a different way to meet those needs – a more sustainable approach with services joined-up and focused on outcomes for patients.

A large part of this vision rests on a community-based model, yet primary, community and mental health care has long been under-funded in the NHS. It’s noticeable that allowing funding to lag behind demand has limited the investment in non-acute services. GPs in primary care could see funding fall by 17 per cent in real terms by 2017-18, while community services continue to be a far smaller portion of spending than needs would suggest should be the case.27

Mental health services have also seen spending cuts for the past three years.28 The 2015 Budget looked to address this imbalance with a £1.25 billion commitment over five years for children's mental health services, yet a need remains to restate this commitment.29 Current reports suggest the Department of Health will fall short of the £250 million for this year, by £107 million (43 per cent).30 Ensuring this is delivered, along with other promises, will help deliver the political commitment to ensure mental health is taken as seriously as physical health.31

Assurances are also needed on public health spending in this parliament. Local authorities have received a ring-fenced grant of just under £3 billion a year to deliver public health services, which the National Audit Office concluded was a more transparent and effective arrangement than before.32 Increased transparency though has highlighted a recent attempt by HM Treasury to cut this grant in-year by around £200 million, which would represent a cut of 6.2 per cent.33

The 5YFV was definitive on the need for a “radical upgrade in prevention and public health”.34 It is counter-intuitive then to reduce public health funding in this parliament and our members are seriously concerned about the impact this will have on the NHS. We will be working with our members and other concerned national organisations to collect evidence on the impact this cut will have on their services over the coming months. The 2015 Spending Review has the scope to think about health care throughout this parliament and so should be able to look beyond annual budgets. In doing so, it must recognise the argument for investing in public health now to transform the nature of demand in the NHS later.

27 Royal College of General Practitioners – “Funding for general practice set to plummet by fifth by 2017”, April 2014
28 The Mental Health Policy Group – *A manifesto for better mental health*, August 2014
29 The Mental Health Policy Group – *Improving England’s mental health: The first 100 days and beyond*, May 2015
30 Health Service Journal – “NHS England expects £150m rise in mental health spending”, August 2015
31 Conservative Party, April 2015
32 National Audit Office - *Public Health England’s grant to local authorities*, December 2014
33 HM Treasury – “Chancellor announces £4½ billion of measures to bring down debt”, June 2015
34 5YFV, October 2014
There is also a clear political commitment to providing a truly seven day NHS in this parliament.35 We support the delivery of key services seven days a week and think it is important to recognise that a significant proportion of NHS services are already working throughout the week. Expanding seven day services can improve outcomes, yet doing so will need to be cost effective and sustainable to ensure scarce resources are being used wisely.36 Local areas will need to measure the priority in expanding access to services against the resources needed to transform care in other ways, which they are best placed to do based on local needs and clinical evidence.

A consistent barrier to transformation though has been the funding needed to invest in new models of care, which is too often tied up in sustaining current services. Double-running needs to happen, yet many local systems find it hard to direct funds away from business-as-usual. The 2015 Spending Review needs to address the real challenge of enabling the NHS to invest without unduly risking the delivery of current services. Our experience in supporting the NHS to access investment for innovation highlights a number of blocks in the system and the importance of overcoming these to establish more joint ventures and to unlock private capital. A transformation fund was established by HM Treasury in 2015-16 with £200 million to implement the 5YFV and this is already helping to fund impressive plans to transform care, delivered by ‘vanguards’.37

This 5YFV transformation fund needs to be increased and confirmed for the whole of this parliament, given the pace in which it has already developed. It should also be expanded to incorporate different areas of transformation, of which there are clear objectives for what the NHS is looking to achieve. The 2015 Spending Review should therefore confirm a balance between how far additional funding will be used to fill the NHS funding gap now and where resources will be contained within the 5YFV fund to invest in transformation to help fill the gap later in the parliament. Furthermore, a clear framework for transformation funding should focus on the specific objectives it is looking to achieve and how it will be accountable to local priorities.

A sophisticated approach to transformation funding in this parliament could also unlock further funding within local economies. NHS organisations are already engaging with Local Enterprises Partnerships to develop plans to invest in local capital and revenue projects.38 Importantly, many Strategic Economic Plans across England now include a focus on health-related local priorities, with intentions to work collaboratively to shape next steps. These partnerships could be developed further and there are real opportunities for the NHS and the wider local economy to co-finance community assets and this is a useful model for wider investment going forward. Similar partnership opportunities exist in managing NHS property, whereby transformation funding might unlock external investment to improve building and better utilise NHS estates.

35 Prime Minister’s Office – “PM on plans for a seven-day NHS”, May 2015
36 NHS England and HFMA - Costing seven day services, December 2013
37 NHS England – “Five million patients to benefit from new era of patient care”, March 2015
38 NHS European Office - Matching health with growth, March 2015
## Our 2015 Spending Review proposals: Enable care to be aligned

<table>
<thead>
<tr>
<th>Proposal 7</th>
<th>HM Treasury should increase the 5YFV transformation fund to at least £1 billion in 2016-17 and establishing a wider focus on transformation</th>
</tr>
</thead>
</table>
| **Benefits** | • Provides the NHS with a mechanism for investing in the 5YFV models of care  
• Establishes mechanism for unlocking external investment  
• Creates mechanism to support transformation in different areas |
| **Costs** | No additional costs and funded as part of additional £8 billion already confirmed |

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<thead>
<tr>
<th>Proposal 8</th>
<th>HM Treasury should reverse the cuts to the public health grant and protect spending on public health and prevention across this parliament</th>
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</table>
| **Benefits** | • Enables an upgrade in public health and prevention, in line with the 5YFV  
• Ensures the NHS is not negatively impacted by public health cuts  
• Allows investment in public health to transform demand later in the parliament |
| **Costs** | Return of £200 million reduced from 2015-16 grant |

<table>
<thead>
<tr>
<th>Proposal 9</th>
<th>HM Treasury should reaffirm commitment to increase funding for child and adult mental health in this parliament</th>
</tr>
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</table>
| **Benefits** | • Provides clarity on delivering previous commitments on child mental health  
• Addresses imbalance in mental and physical health services  
• Ensures the NHS is taking mental health as seriously as physical health |
| **Costs** | No additional costs to funding already confirmed |
Transforming the workforce in the 21st Century

Another part of the NHS in need of transformation is the workforce – in particular the current terms and conditions framework and pay structure in operation for both the medical workforce and NHS Agenda for Change staff groups.39

The Chancellor of the Exchequer has confirmed that public sector pay restraint will continue in this parliament.40 Whilst this will contain the cost pressure from pay award increases to around 0.7 per cent a year, it will create further challenges in terms of staff retention and the control of costs linked to agency spending.

NHS Agenda for Change has not been reviewed for more than a decade and the contracts for medical workforce (consultants and junior doctors) for a similar period. Both sets of pay and terms and conditions were implemented in a very different financial environment than the one facing the NHS today. Now is the time then to review and modernise these structures, both in terms of wider public sector pay policy and to align reforms with the aims of a modern NHS.

HM Treasury will need to enable this reform by supporting the NHS to agree what limited pay flexibilities, outside the 1 per cent cap could operate. This could then provide staff with some limited flexibility around higher pay settlements in return for long term savings delivered as part of transforming the current pay system and terms and conditions frameworks for both staff groups.

### Proposal 10

<table>
<thead>
<tr>
<th>Proposal 10</th>
<th>HM Treasury should agree to limited flexibilities to allow employers to operate outside of 1 per cent public sector pay constraint cap</th>
</tr>
</thead>
</table>
| Benefits    | • Supports review and reform of the current pay structure  
• Enables effective arrangements suited to the current and future environment  
• Helps to establish a more sustainable and adaptable workforce |
| Costs       | No additional costs and funded as part of additional £8 billion already confirmed |

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39 NHS Employers reflect the views of employers in the NHS and acts on their behalf in pay and negotiations
40 HM Treasury – Summer budget, July 2015
Conclusions

The central message from our representation is the importance of clarity and stability in funding to support the NHS to plan for how it can change care locally in this parliament. We need to recognise though that the Spending Review will not cover the whole of the 5YFV timeframe, nor does it consider what happens beyond 2020.

This causes a major challenge because it limits the scope of thinking and means uncertainty on funding will gradually return as we go further through the parliament. It means that 2019-20 will be similar to 2014-15, in which the NHS was unsure on funding beyond the following year. It’s hard to ignore the extent to which NHS funding is linked to political cycles, which can be damaging enough for long-term planning, yet it is clearly also dependent on economic cycles.

What gets lost in this though is the ‘health cycle’, which currently indicates a shift needed to better support frailty for children and older people with multiple long term conditions. We’ve argued before for a longer term funding settlement to go beyond parliamentary terms and, while this might be politically difficult, it would be worth considering during this parliament the powerful signal it could send across the NHS and public services. There are examples where funding deals have been agreed beyond the end of a parliamentary cycle with some, such as the PPRS agreement, even being agreed in health.

Nonetheless, spending on health should always be based on a credible evidence base and we would be keen to see this strengthen in future years. We’ve suggested establishing an independent body, the “Office for Budgetary Responsibility in Health” (OBRH), to produce evidence-based forecasts on different health spending scenarios. In particular, the OBRH would be relied upon to give an expert assessment of realistic efficiencies, likely costs pressures and additional resources linked to economic growth.

As an initial step towards this goal, it might be worthwhile to establish an independent commission in this parliament to consider current health and social care needs and the expert view on what resources are needed to meet them. This could also help to assess the progress in delivering savings and provide the same valuable insight that was prominent in the report for HM Treasury by the late Sir Derek Wanless in 2002.41

We’re keen to discuss these thoughts and our main proposals further with HM Treasury and will continue to work closely with partners across health and care to share our views with members and the public.

If you would like any further information about our representation, please do not hesitate to contact our Senior Economic Advisor, Paul Healy on paul.healy@nhsconfed.org or 0207 799 8773.

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41 HM Treasury - Securing our Future Health: Taking a Long-Term View, April 2002