

Health spending

In conducting the review of Health spending the new Secretary of state needs to pursue some of these questions.

1. How much will the planned reorganisation cost? What is the purpose of the abolition of Clinical Commissioning Groups and their replacement by Integrated Care Boards and Integrated Care Partnerships ? Will some of the CEOs of the CCGs be appointed to be CEOs of the new bodies? Will they still be paid some redundancy payments or is there a clause which says if they maintain employment with the NHS there should be no such payment? If the NHS decides to appoint former CEO employees in the reorganisation does it save headhunting and recruitment fees on those people? Are there planned savings from the reorganisation, and if so how much and when?
2. Test and Trace. Test and Trace understandably was expensive in its first year when there were a lot of set up costs and provision of a large capacity in the face of an unabated pandemic. Current year spending of £15bn on T and T seems high. Surely next year there can be a sharp reduction in T and T spending, with much of the cost now sunk, and with less need for capacity to man the system which can be largely automated anyway.
3. What are the forecast costs of the vaccine programme against CV 19 going forward? Again surely there will be substantial savings next year as most people who want to be vaccinated will have had two jabs and many will have had a winter booster as well?
4. How much will be saved by not hiring in capacity from the private sector in the way the NHS did during the peak of the pandemic? How many treatments and operations will the private sector carry out for people willing to pay, relieving pressure on the NHS as private capacity is returned to that sector?
5. What productivity savings are brought by the use of digital consultations and remote medicine?