

How good is the NHS Plan?

A recent cruel Matt cartoon showed someone being told on their mobile phone that they are now Number One in the queue to pay extra tax to fund the NHS, but several million down the list to get the health treatment they have been waiting for. The Plan to cut waiting lists finally produced on February 8th came a long time after the legislation to put in place a tax rise to pay for it. That made me suspicious as I always think you need to know what you are buying and what it costs before deciding how much to budget. The delay apparently arose because the Treasury and PM wanted reassurances that the money would be well spent so the waiting lists could come down. The NHS was unwilling to offer any such promise. Their voice, the Secretary of State, has told us all that despite the extra cash waiting list numbers are likely to go up, not down.

So what did the Treasury wrestle from the NHS for yet more extra cash? The promise is no-one will have to wait for elective surgery (non urgent treatment) for longer than two years by July of this year, and no longer than eighteen months from April next year. These are modest promises. Aware of the possible criticism that with its large reorganisation underway and with so many Health bodies with Chief Executives overseeing the hospitals and surgeries that the NHS spends too much on overhead, we are told that by international standards it has a low cost. It is according to the NHS 2% of total spend. I suspect that is based on careful definitions. It quite clearly is not comparable with many overseas health systems where admin costs include the costs of payments and insurance. The UK admin costs should include all the administrative costs of the Income Tax section of the Revenue as we would not need Income Tax without the NHS, or the admin costs of several other entire taxes if you hypothecated them instead.

I find it strange that the NHS cannot or will not tell me how many Chief Executives they have on their payrolls amidst all the quangos that work with and for them. I am disappointed that we still do not seem to have the staff plan which must be central to delivery of shorter waiting lists and fundamental to costing the programme. We are told "further work is needed to train, recruit and retain staff". We can have precise time based targets for the results of the planned work but no precise targets for how many trained medical people they will recruit and pay to get the work done. Whenever I have supervised budgets for an organisation forecasting the staff costs is usually the easy bit as you know how many people you employ and how many extra you plan to add.

I and others will keep pressing the Secretary of State to tell the nation how they will expand treatments sufficiently to remove the long waits, which mainly requires more staff or more full time staff. The Chief Executive of NHS England needs to tell Ministers and the public more about how she intends to turn round the very high waiting lists, given the willingness of the government visible over the last two years to supply very large additional sums of cash to the service.