

How will the extra money for the NHS be spent?

The government has embarked on administrative reform again for the NHS. This time it stems from the senior management of the NHS rather than from any political agenda. As the new budgets transfer and shake down it is time for Ministers to engage more fully with NHS management over how the extra cash is going to be spent. They need also to chase up how the special budgets of the covid period will be closed down as we move on from needing huge sums to be spent on vaccine development and roll out, on test and trace, and on supplementing NHS capacity with rights to use much of the capacity of the private sector or with the construction of new temporary facilities.

It seems that Ministers find it difficult to get all the information and reassurance they need from senior management of NHS England. The structure is said to be devolved, with considerable independence granted to the senior management. That is all very well but Ministers are thought to be responsible and have to answer for the service in the Commons and to the public and media. There is rarely any sign of senior management taking public responsibility for mistakes and removing senior managers that have failed, so Ministers do need to insist on seeing, influencing and signing off the main plans and headings of spending. Ministers after all have to make the overall judgement about how much money the NHS needs to perform its tasks, and to weigh priorities where choices have to be made.

The Secretary of State needs to press the management to come up with a proper staffing plan. More medically trained people are needed to perform procedures, to diagnose problems and supervise treatments. The UK needs to train more of our own people to provide the numbers we need. The NHS could look into what is relevant and necessary training for each of the medical tasks that need to be performed. As we saw with vaccine roll out the registered doctors and nurses could be supplemented by others to get the job done.

The government needs to decide how much use it wishes to make of the private hospitals and clinics to provide additional care free to NHS patients . During the early days of the pandemic it was paying for a lot of private capacity it was not fully using. Speciality centres that are good at cataracts or hip replacements or knee surgery could offer high quality treatments at fair prices for the NHS to take some of the burden off the District General hospitals.

The government and NHS need to decide how far the digital revolution in health care should go. Many people may well be happy to see their GP via a video link as it avoids the travel and delay for a visit. Others who wish to see them in person should have that option unless there is a good reason not to. Hospital records, vaccination records and drug treatment patterns in hospital or at home could all benefit from digital recording with easy access for patient and medics alike.