Questions about health spending

I am asking the Health Secretary to share more of the detail of how extra money could be used to reduce waiting lists. I am also asking why some senior NHS managers think there is going to be a further bulge in waiting times, given the much lower level of covid cases in hospital now, the progress of vaccinations, and the extra cash allocated to health budgets.

He needs to know how many senior managers and Chief Executives there are now across the public health sector. How is their remuneration aligned with the public interest in high quality care and low waiting lists? Is there a continuing danger of overlap and blurred responsibilities within what is a complex structure?

As the state embarks on recruiting a large number of new Chief Executives for the Integrated Care Boards and for the Integrated Care Partnerships, what reductions if any will there be in the old management architecture this replaces? What arrangements are there to transfer appropriate staff to these new bodies to cut the costs of recruitment and to avoid redundancy costs and disruption to staff?

How will these new Care bodies arrange their purchasing of medical and care services from the NHS Trusts and other health providers? Are the current procurement organisations now withdrawing from contracts with private hospitals, or will they be needing and using more private sector capacity to help reduce waiting lists?

Presumably much of the answer to workload, stress on staff and high waiting lists lies in recruiting additional nurses and doctors to undertake the necessary procedures and treatments. What is the latest view on how many people can pass successfully through training? What action is being taken to encourage the return of already qualified people? How can new technology assist in raising quality and productivity?

The use of temporary and contract staff is expensive and too common. the NHS needs to have more permanent staff members.