

- 7.1 The Review has concluded that the UK must expect to devote a significantly larger share of its national income to health care over the next 20 years. It has projected the likely costs of reversing the significant cumulative under-investment over past decades, to catch up with the standards of care seen in other countries and to deliver a wide-ranging, high quality service for the public and individual patients. Given the starting point, this is a very ambitious aim, even over 20 years.
- 7.2 Success or failure will ultimately depend on how effectively the health service uses its resources. They must be used more effectively than has typically been the case in the past. Chapter 6, and indeed this Report more generally, has sought to make a contribution to the necessary debate about how that can be achieved.
- 7.3 The actual requirement could, of course, be higher or lower than the range of projections set out in this Report and the three scenarios have illustrated how different the outcomes might be. The *slow uptake* scenario illustrates the very high (possibly unsustainable) costs associated with delivering high quality outcomes through a less responsive system to a less well engaged public. The range of uncertainty is large and grows rapidly the further ahead one looks. From a financial perspective, the key question is likely to be whether the magnitude of spending projected is considered affordable and that too will depend in part on what improvements are seen to be achieved. Five factors which would result in lower projected overall resource requirements would be:
- **better productivity:** a significantly better productivity performance than assumed in the *solid progress* and *fully engaged* scenarios as a result of a substantial improvement in the way in which the health service uses its resources;
 - **more success in public health:** a substantially larger positive impact on health needs from the focus on health promotion and disease prevention than assumed in the *fully engaged* scenario;
 - **delivering a high quality service, but over a longer period:** a less ambitious programme of delivering higher quality across the service, either through raising standards to a less ambitious level than outlined in this Report or taking longer than 20 years to achieve these standards;
 - **generalising NSFs costs less than anticipated:** if, on average, other disease areas prove to be less expensive than the current areas suggest; or
 - **developments are not considered value for money:** if, when examined in detail, some improvements outlined in this Report are not considered cost effective.

- 7.4 The importance of rigorous independent audit has been stressed to ensure that money is being well spent, to enable policy to be periodically re-assessed and to allow the continuing trade-offs to be made and debated publicly.
- 7.5 An exercise such as this Review is most valuable if it is repeated at regular intervals so that changing trends become more clearly apparent earlier. There are several reasons for regular review:
- estimates like this are subject to a large degree of uncertainty and it is important to reassess the results and conclusions on the basis of any fresh information about developments in the main trends and any newly emerging areas;
 - new knowledge and research will evolve, enabling better analysis to be conducted; and
 - the availability of such a long-term assessment is important to assist planning in those areas where long-term resourcing decisions must be made, for example, in training people, providing technological support and in re-building programmes, as well as in thinking through the funding sustainability implications.
- 7.6 It is therefore the Review's final recommendation that a further review should be conducted in, say, five years' time to re-assess the future resource requirements for both health and social care. It should be able to draw upon the better information, research findings and international knowledge base which the recommendations in Annex A are intended to deliver; and have the benefit of the accumulated knowledge from the bodies charged with auditing the success of the service and its change programme.

Recommendations

This Box draws together the recommendations made throughout the Report. In addition, Annex A – which follows this chapter – makes detailed recommendations on the analysis and data issues:

- the Review welcomes the Government's intention to extend the NSF approach to other disease areas and recommends that NSFs, and their equivalents in the Devolved Administrations, are rolled out in a similar way to the diseases already covered (2.33);
- the Review recommends that the NHS workforce planning bodies should examine the implications of this Review's findings for their projections over the next 20 years (3.82);
- while the Review considered it vital to extend its Terms of Reference to begin to consider social care, it has had neither the information nor the resources to be able to develop a 'whole systems' model, nor indeed to build up projections for social care in the same level of detail as for health care. It is recommended that future reviews of this type should fully integrate modelling and analysis of health and social care. Indeed, it is for consideration whether a more immediate study is needed of the trends affecting social care (5.60);

- the Review recommends that the National Institute for Clinical Excellence (NICE), in conjunction with similar bodies in the Devolved Administrations, also has a major role to play in examining older technologies and practices which may no longer be appropriate or cost effective (6.11);
- it will also be important to ensure that recommendations from NICE – particularly its clinical guidelines - are properly integrated with the development of NSFs (6.13);
- the Review welcomes the proposed extension of the NSFs to other areas of the NHS. It recommends that NSFs should in future include estimates of the resources – in terms of the staff, equipment and other technologies and subsequent cash needs – necessary for their delivery (6.14);
- the Review’s projections incorporate a doubling of spending on ICT to fund ambitious targets of the kind set out in the NHS Information Strategy. To avoid duplication of effort and resources and to ensure that the benefits of ICT integration across health and social services are achieved, the Review recommends that stringent standards should be set from the centre to ensure that systems across the UK are fully compatible with each other (6.21);
- to ensure that resources intended for ICT spending are not diverted to other uses and are used productively, the Review recommends that budgets should be ring-fenced and achievements audited (6.21);
- in thinking about the level of detail to which objective setting should be taken, the Review was interested in work currently being undertaken by RAND Health to develop a new approach to assessing the quality of care given to children and adults in the US. The Review recommends that the results of this and any similar research about comprehensive measurement of performance should be examined (6.29);
- the Review believes that the scope for greater future cooperation between the NHS and the private sector in the delivery of services should be explored, building on the concordat set out in the NHS Plan (6.36);
- the Review recommends that there should be a mechanism in place to ensure regular and rigorous independent audit of all health care spending and arrangements to ensure it is given maximum publicity (6.37);
- the Review recommends that the Government should examine the merits of employing financial incentives such as those used in Sweden to help reduce the problems of bed blocking (6.45);
- the Review believes that the present structure of exemptions for prescription charges is not logical, nor rooted in the principles of the NHS. If related issues are being considered in future, it is recommended that the opportunity should be taken to think through the rationale for the exemption policy (6.75);
- the Review believes that there is an argument for extending out-of-pocket payments for non-clinical services and recommends that they should be kept under review (6.76);

- the Review recommends that a more effective partnership between health professionals and the public should be facilitated, for example, by:
 - the setting of standards for the service to help give people a clearer understanding of what the health service will, and will not, provide for them;
 - development of improved health information to help people engage with their care in an informed way;
 - in parallel with improved information, the use of pro-active policies driven by evidence of cost-effectiveness, to encourage reductions in key health risk factors;
 - reinforcing patient involvement in NHS accountability arrangements, through measures such as Patients' Forums, the English National Commission on Patient and Public Involvement and better patient representation on Trust Boards, including the new Primary Care Trusts; and
 - finding effective ways to provide the public with a better understanding of how their local health services are performing (6.82);
- the Review recommends that the Boards of Strategic Health Authorities (StHAs) should include local patient and business representatives (6.83);
- the Review recommends that, as part of improved public engagement, the Department of Health (with StHA involvement) and the Devolved Administrations consider how a greater public appreciation of the cost of common treatments and appointments could best be achieved (6.86);
- the Review believes that, as an early step down this road towards better engagement of patients in thinking about the health service, there may be an argument for charging for missed appointments (6.89); and
- the Review's final recommendation is that a further review should be conducted in, say, five years' time to re-assess the future resource requirements for both health and social care. It should be able to draw upon the better information, research findings and international knowledge base which the recommendations in Annex A are intended to deliver; and have the benefit of accumulated knowledge from the bodies charged with auditing the success of the service and its change programme (7.6).

