1. Achieving efficiency savings: their source, scale and impact:

In order to generate efficiency savings good patient-level cost and quality data is essential. At present, the infrastructure to provide this information is not available in many institutions. As a result the government will need to make capital investment in order to reap future benefits. Only when informed by accurate, patient level information on the cost and quality of services, can commissioners identify which services they can afford to buy, those of best value for patients and best suited to the local health economy. Providers need this information to determine what services they can sustainably provide and identify areas to invest in.

Redesigning the payment system to take into account an integrated system linking health care, social care, public health, housing, education and employment could stimulate efficiencies. Operational levers - clinical guidelines, NICE standards and reputational levers - public reporting of quality levels, patient outcomes, and feedback from local clinical leaders all have a part to play in identifying efficiency savings. The tariff system often fails to fully reimburse providers and can prove a disincentive to taking on higher risk procedures, even though the longer term benefits to the patient could result in an overall long term reduction in cost to the NHS. RCSEd believes that it is important that this be addressed.

2. Achieving service transformation set out in the Five Year Forward View at scale and pace through transformation funds:

Pilots using transformational funding have successfully implemented seven day working. However, in the hospital environment, this required considerable consultant expansion and costs which cannot be translated into other institutions without significant investment. Transformational funds could and should be used to improve the often outdated IT systems, facilitating and enabling the advantages of the digital era, and to rollout patient level costing throughout the NHS.

RCSEd believes that more consideration should be given to how transformation funds can be used to support the development of regional centres of excellence. In surgery, as with many medical specialties, there is a benefit to centralising the more specialised procedures so that emergency and acute provision can be maintained in more locations. As this is an area in which clinical and financial
priorities coincide within the context of the Five Year Forward View this issue should be considered as a matter of urgency.

3. **The impact and management of deficits in the NHS and social care:**

The current deficits in the NHS and social care budgets result in the organisations being unable to afford safe levels of staffing which impacts on the quality of care.

4. **The effect of cuts to non-NHS England health budgets e.g. public health, health education and Department of Health, and their impact on the Five Year Forward View:**

Cuts to Public Health budgets are counterproductive and will in the long term lead to higher NHS costs. RCSEd believes that the most cost effective way to address lifestyle issues, particularly with regard to smoking; alcohol intake; diet; drug misuse and exercise, are population based interventions. In order to reach the most deprived individuals a locally based intervention promoted by local community champions has the highest chance of success.

Education is essential to reduce health inequality and gender issues. Individuals in deprived areas have difficulties accessing healthcare services; present late with surgical conditions and cancer both of which have a detrimental impact on outcome and cure rates for cancer. Influencing lifestyle pre-operatively, and thereby reduce the pre-operative co-morbidities, significantly reduces post-operative complications; shortens hospital stays; results in earlier returns to work and improved outcomes.

5. **Social care funding, including implications for quality and access to services, provider exit, funding mechanisms, increasing costs and the Care Act provisions:**

In order to prevent the NHS grinding to a halt as a result of bed blocking by the increasingly elderly patient profile it is imperative that Social Care funding is increased.

6. **Impact of the spending review on the integration of health and social care:**

RCSEd has not seen evidence that there are incentives to promote integrated care. One improvement may be to allow organisations who develop high quality integration strategies to retain some of the savings generated to plough back into further service redesign. Good practice should be disseminated widely to ensure rapid roll out of practical solutions.

7. **Quality and access in health and social care including the cost and implications of new policy objectives such as 7 day services:**
RCSEd fully supports the concept of consistent; high quality; safe seven-day care services across the board of both medical and support services. RCSEd recognises that timely consultant input does improve outcomes. The seven-day care service systems must however ensure rested, alert and safe health care practitioners who are ready to provide high quality care.

Currently it is impossible to get patients who require social service support reviewed and discharged within seven days of referral during the normal working week so the assumption that this can take place on weekends and result in discharge is deeply flawed. Indeed, there is no mention of the increased need for ambulance or hospital car transfers at weekends or how this would be funded. Installation of medical equipment in patient’s homes prior to discharge generally takes several days after an OT assessment. The cost of providing these services over the weekend would also be significant and not cost effective for the small numbers of patients requiring this service.

Many GP practices who have opened on Sundays have found their GP’s to be under employed and indeed it has adversely impacted on the patient experience, as the GP rested on the Monday, is unavailable for consultation on one of the traditional busiest days. A seven-day service should only be introduced where proven patient benefits can be identified, although with current media coverage, the population now expect this to be introduced. Progress on achieving parity of esteem through funding for mental health services:

The ward closures for mental health patients must be reversed so that emergency admissions can be accommodated on a daily basis. The current practice of shipping seriously ill mental health patients across the country (at huge expense with several support worker needing to travel with each patient) is inhumane for the individual concerned and their families. No mental health patient in crisis and asking for help should be turned away being told they are not ill enough. Care in the community only works after the acute exacerbation has been stabilised. There must be a significant increase in provision for children and adolescents.

18 January 2016