"The financial challenges of major health system reform and the role of diagnostic services"

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I will cover

- The financial challenge in health
- The law of unintended consequences
- Case study GM & Pathology

Ever increasing cost of health care

- Cost inflation 2% to 3% per year
- Demographic change 2% to 3%
- Can do more things 1%
- Say 6% Or £30bn over five years
- If economic growth is only 2%

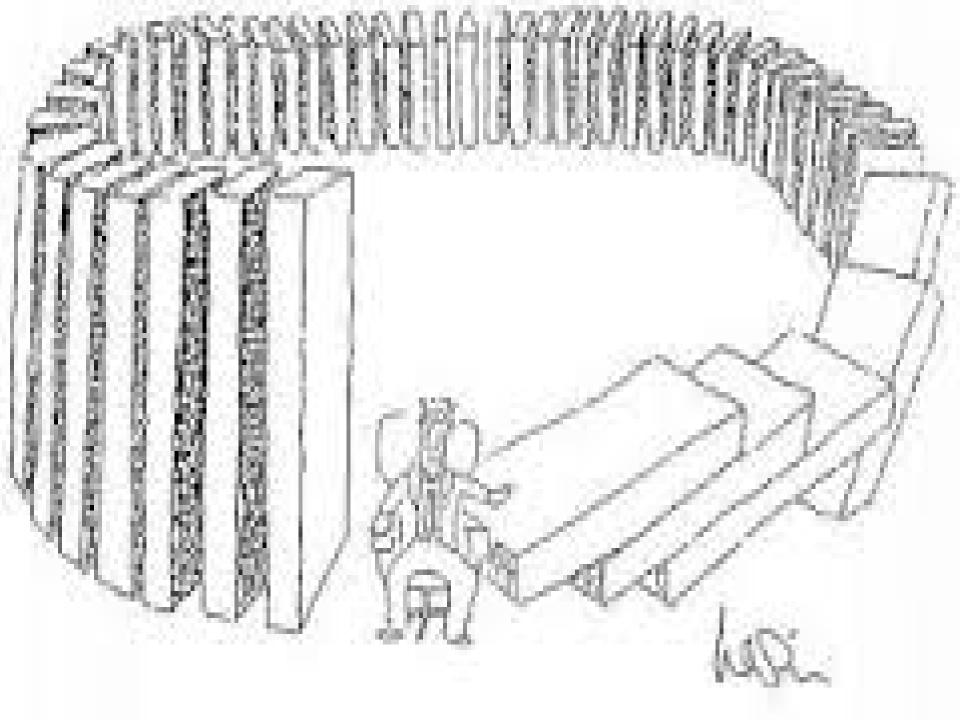




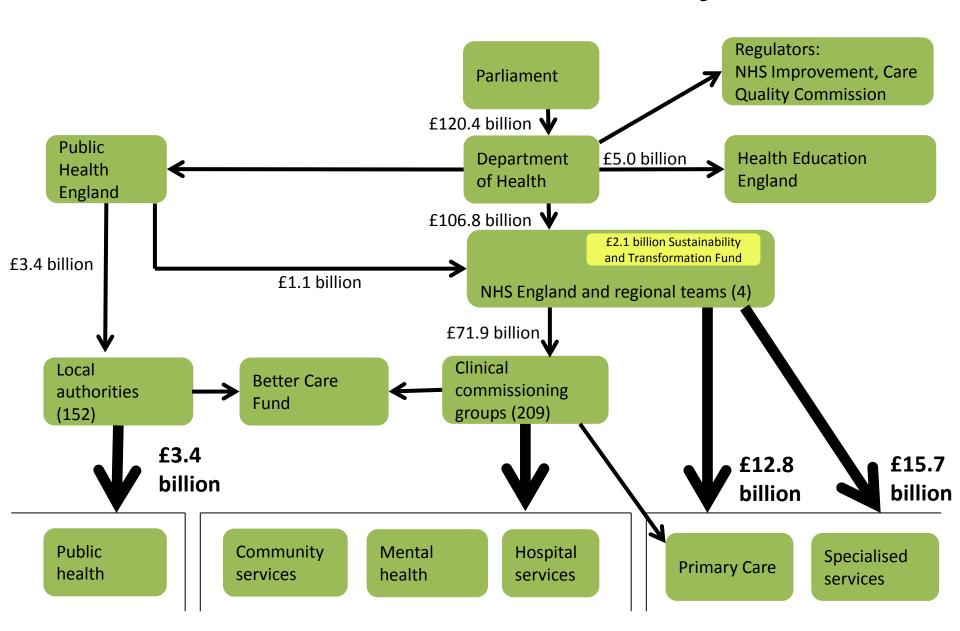
Five year forward view

- £30bn problem
- Please give £8bn
- We will save £22bn





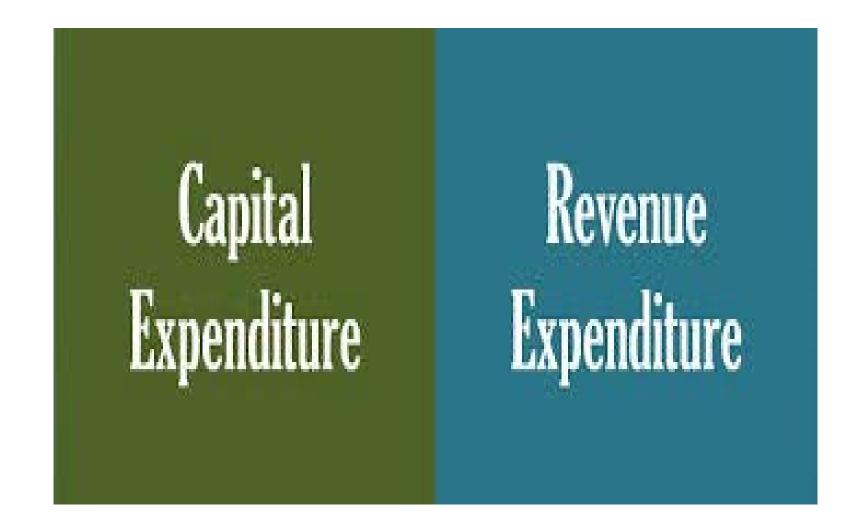
The new NHS: how the money flows













Provider reimbursement

Traditionally Commissioners use three main payment currencies to pay providers, however new types of contracts are emerging

National tariff (PbR)

- Activity-based funding
- Volume and type of care (casemix)
- Schedule of national prices for specific procedures
- Elective, nonelective, OP, A&E and some critical care
- Some exclusions

Local tariff

- For some services that are out of scope of PbR, e.g. Specialist acute services with low volumes
- Increasingly common for local tariff negotiation

Block contracts

- Simple a fee for a given level of capacity
- Sophisticated minimum and maximum activity levels defined
- Cost & volume –
 fixed payment
 for provision of
 capacity and
 separate
 payment for
 each patient
 treated

Alternative Contracts

- Outcome based contracts
- Aligned incentive Contracts





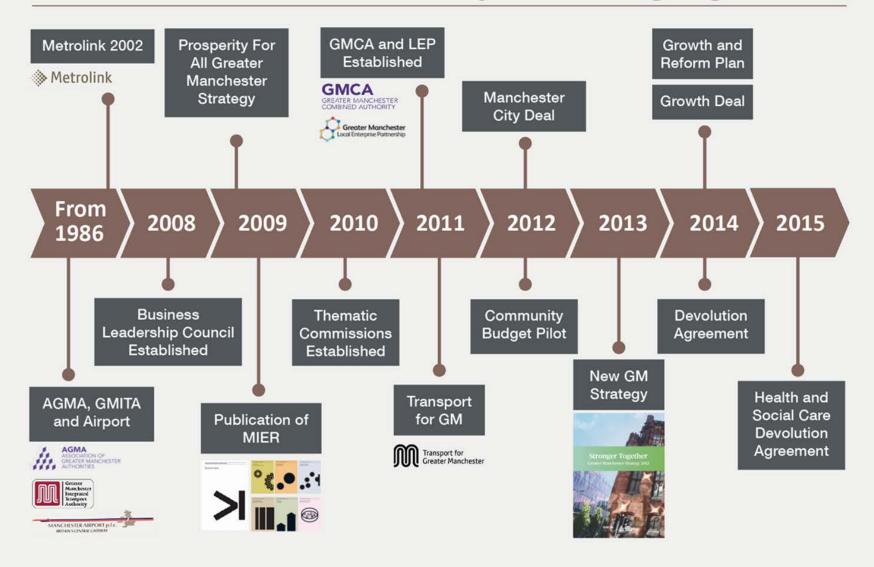








Greater Manchester: a history of working together



We're Shifting the Balance of Spending, Focusing Resources on Early Intervention and Prevention

Working in collaboration → to support GM residents → and improve outcomes

Local Government

Health services

Police

Fire & Rescue

Housing







- Thinking about cumulative impact rather than single service planning
- Identifying and addressing demand before it escalates
- Supporting individuals and families collaboratively, working across organisational boundaries
- Reducing demand on expensive, reactive services



Our Governance

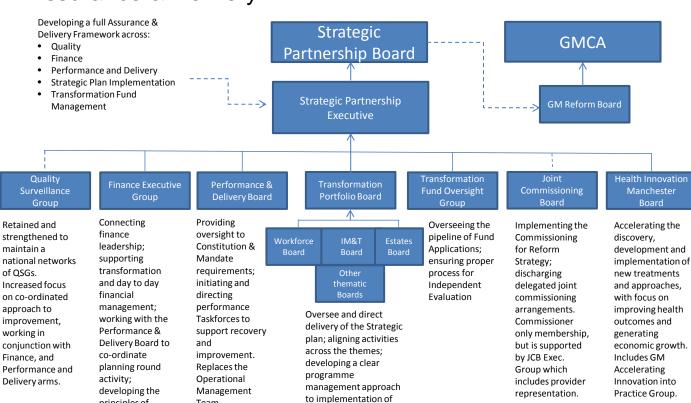
Assurance & Delivery

principles of

totals.

system control

Team.



the Plan.

Replaces the

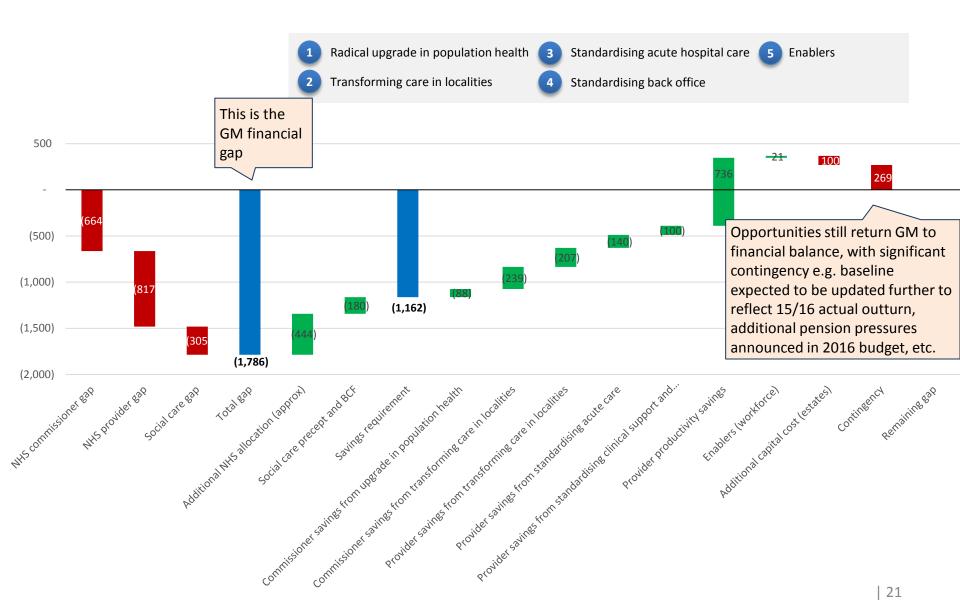
Implementation Working Group.

Finance

We have:

- Established Transformation Fund access and assessment process and made several awards
- Created a fund to support development of Transformation Fund proposals across the transformation portfolio, and made two awards
- All ten localities have set out five-year finance and activity plans 'roll-ups' to ensure a 'bottom-up' financial model for Greater Manchester.
- Updated our financial plan based on the most up-to-date information
- Made a clear evidence-based case to Government of the need for an increase in access to finance for social care in 2017/18.

The bridge has now been updated to reflect changes to assumptions, and recut to show the transformation themes



Lord Carter





Project Objective

Creating world class pathology services across Greater Manchester.

World class:

- Quality & Performance
- Workforce
- Efficiency and effectiveness
- Sustainability

Gain share agreement



GM Principles agreed

- Transparency
- Big gain and all will gain
- Any financial risk shared
- Quality and performance will improve for all
- Robust governance

Transformation fund



- £450m revenue over 5 years
- No capital
- GM looking at ways of getting capital

Project resources









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Questions?