



National Audit Office

A SHORT GUIDE

The NAO's work on the Department of Health



National Audit Office

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This short guide is one of 17 we have produced covering our work on each major government department. It summarises our work during the last Parliament, reflecting programmes and spending before the May 2010 General Election, and as such does not reflect changes introduced by the new Government.

These guides are designed to provide Members of Parliament, and particularly select committees, with a quick and accessible overview of our recent work and how we can help with the scrutiny of government. The guides are not intended to provide an overall assessment of the departments' performance but simply to illustrate, with examples, the range of our work. Where the examples refer to specific weaknesses and recommendations, departments have in many cases taken action since to address them.

In the last year, we also supported the Health Select Committee by preparing a Performance Briefing which gave an overview of the work and performance of the Department based on 2008-09 data. We will continue to support all select committees in 2010-11, providing further briefing on each major department and supporting specific inquiries where our expertise and perspective can add value.

introduction

about

About the Department

The Department's responsibilities

The Department of Health (the Department) is responsible for the overall performance of the NHS and for adult personal social services. Services are delivered to 55 million people in England through the 1.3 million staff who work in the NHS and social care, and these services are in contact with over 1.5 million patients and their families every day.

The Department devolves the responsibility and resources for delivering services to local bodies, such as primary care trusts, hospitals, GPs and dentists (Appendix 1). Some national functions are carried out by arm's length bodies (Appendix 2) such as the National Patient Safety Agency and NHS Blood and Transplant.

Where the Department spends its money

In 2008-09, the Department spent £92.1 billion.¹

- The NHS accounted for around 90 per cent of that figure, with 152 primary care trusts spending most of the money to commission healthcare services for their local populations.
- Centrally managed budgets, such as those for arm's length bodies, and adult personal social services accounted for the remaining balance (the main funding for adult social services comes from the Department for Communities and Local Government).
- The Department itself employs 4,306 staff at a cost of £270.4 million.
- The NHS Business Services Authority administers the NHS Pension Scheme (for England and Wales) which paid £5.4 billion, including lump sums on retirement, to around 610,000 people in 2008-09. The National Audit Office reported on the **cost of public service pensions schemes**² in March 2010. We will publish a second report later this year examining the impact of recent changes to the schemes.

In 2008-09, the Department spent £92.1 billion. The NHS accounted for around 90 per cent, with 152 primary care trusts spending some £86 billion on healthcare services.

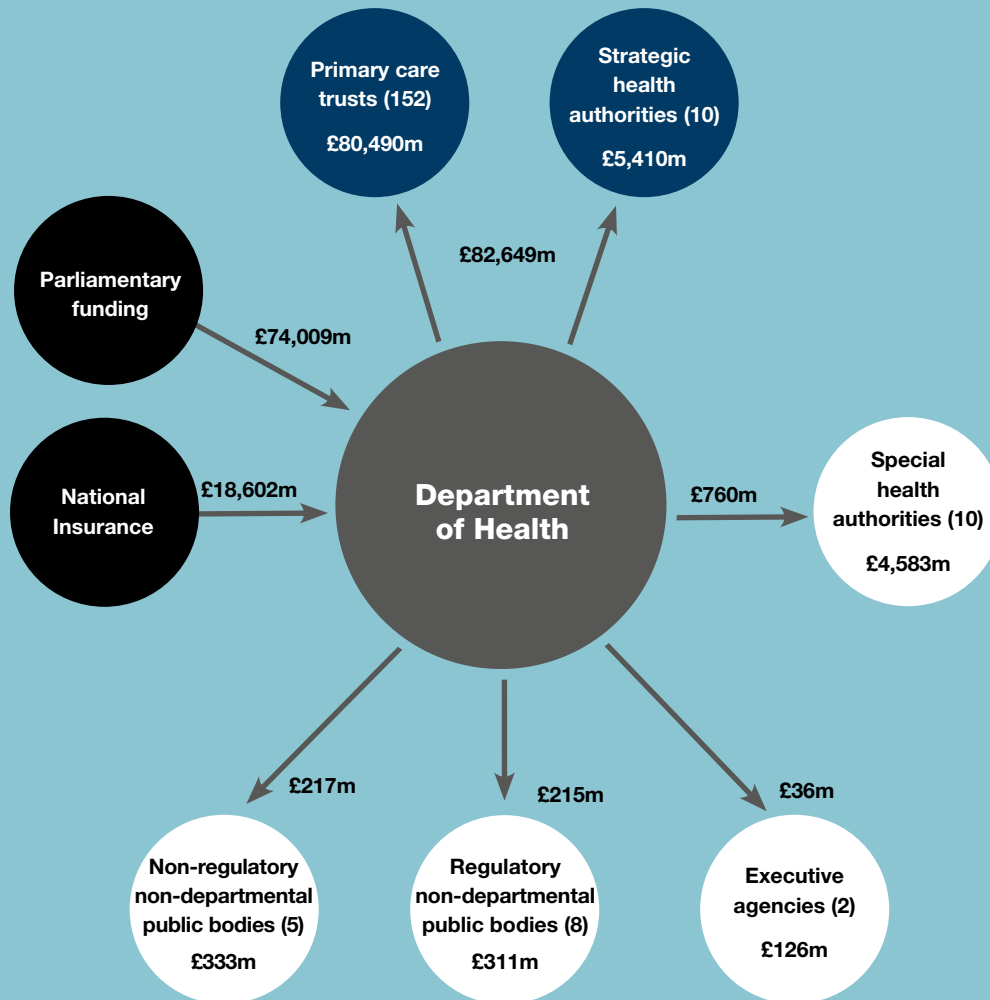
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¹ Net revenue expenditure within the budgeting boundary, Department of Health Resource Account 2008-09.

² *The cost of public service pensions*, www.nao.org.uk/publications/0910/public_service_pensions.aspx

Where the money goes (2008-09 data)



- Government Departments
- NHS bodies
- Arm's length bodies

Source: National Audit Office

NOTE

This figure shows funding from the Department and the gross operating costs of the bodies concerned. It does not represent the gross operating costs of the core Department. Amounts of funding and gross costs may differ where the body receives other income, for example from prescription charges. The total gross operating costs represented in this figure differ to the total net revenue expenditure within the budgeting boundary quoted on page 6.

There were 25 arm's length bodies (special health authorities, non-regulatory non-departmental public bodies, regulatory non-departmental public bodies and executive agencies) audited by the National Audit Office in 2008-09. The number of arm's length bodies has since reduced to 18, see Appendix 2 for a full list.

financial management

Financial management

The ability of departments to control costs and drive out waste requires professional financial management and reporting. In particular, departments need to be better at linking costs to services and benchmarking performance to determine whether costs are justified and value for money can be improved. To provide assurance that resources are being appropriately managed and controlled, organisations have to publish Statements on Internal Control with their annual financial statements.³

Financial governance and reporting

We audit the accounts of the Department and its arm's length bodies.⁴ The Audit Commission appoints auditors to audit strategic health authorities and primary care trusts and these accounts are consolidated into the Department's accounts. We also audit the NHS summarised accounts and foundation trusts' consolidated accounts.

Our audit work involves understanding the business of each organisation, examining internal controls, agreeing the accounting policies, auditing their transactions, liabilities and assets and confirming that the accounts present a true and fair view. We also consider whether the transactions of the Department are in accordance with Parliament's intentions. In each of the last five years, we have given an unqualified audit opinion on the Department's accounts.⁵

Our 2008 report on **financial management in the NHS**,⁶ found that:

'The NHS surplus of £1.67 billion in 2007-08 was considerably in excess of the planned surplus. In terms of delivery of healthcare, however, the surplus reflects good resource utilisation rather than a failure to deliver. The NHS was able to make good progress against its national healthcare targets set out in the NHS Operating Framework ... the NHS also provided more healthcare activity in 2007-08 than in previous years, and the quality of that healthcare as rated by the Healthcare Commission improved.'

We work with the Department and its sponsored bodies to improve their published Statements on Internal Control to ensure that that they are supported by robust evidence that controls are sufficiently reliable and that they comply with Treasury guidance. In its 2008-09 Statement on Internal Control the Department highlighted significant control issues.

- 65 primary care trusts and 75 other NHS trusts disclosed a total of 528 significant control issues in their Statements on Internal Control. The majority of these issues related to non-compliance with the Department's Standards for Better Health,⁷ which sets out the level of quality all organisations providing NHS care in England are expected to meet or aspire to.
- The NHS Business Services Authority pharmaceutical account, consolidated into the Resource Account, was qualified on the grounds of regularity relating to patients falsely claiming that they were entitled to free prescriptions.

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³ *NAO Strategy 2010-11 to 2012-13*, www.nao.org.uk/publications/0809/nao_strategy_2010-11_to_2012-1.aspx

⁴ There were 25 arm's length bodies in 2008-09, there are now 18. See Appendix 2 for a complete list.

⁵ *Department of Health Resource Accounts 2008-09*.

⁶ *Financial Management in the NHS: Report on the NHS Summarised Accounts 2007-08*, www.nao.org.uk/publications/0809/nhs_summarised_accounts_07-08.aspx

⁷ *Standards for Better Health*.

In 2010, we are working with the Department to identify how its Statement on Internal Control could be developed further to increase the usefulness and transparency of reporting. We have also provided the Department's Audit Committee with our own [guidance on the Statement](#).⁸

Efficiency

The Department had an ongoing programme of efficiency savings at the time of the May 2010 General Election, aiming to achieve annual efficiency savings of £15-20 billion by 2013-14. Between 1997 and 2010, NHS spending in England more than doubled in real terms. Plans to achieve savings include:

- £3.5 billion from improvements in staff productivity;
- £2.7 billion from improved care of patients with long-term chronic conditions, for example, by avoiding unnecessary emergency hospital admissions;
- £2 billion in management costs;
- £1.5 billion from reducing unnecessary prescriptions and hospital referrals; and
- £1.5 billion by securing better prices for goods and services bought by the NHS.

These and other areas for improved efficiency have featured in our past reports.

Workforce productivity and training

At £45 billion per annum, workforce represents the biggest single cost to the NHS. Our reports on pay modernisation over the last three years, [consultant contract](#),⁹ [GP contracts](#)¹⁰ and [Agenda for Change](#),¹¹ have raised concerns about the extent to which these pay reforms have delivered the productivity improvements expected from them. Other workforce issues highlighted in our reports include:

- the potential for significant efficiency savings by reducing the use of agency staff ([temporary staffing](#))¹²;
- the potential to improve efficiency and service delivery through NHS staff working differently and more flexibly ([Agenda for Change](#),¹¹ [rheumatoid arthritis](#)¹³ and [stroke](#)¹⁴);
- shortcomings in the training of frontline health and social care staff ([dementia](#),¹⁵ [end of life care](#),¹⁶ and [stroke](#)¹⁴); and
- primary and secondary care organisations with specific staff shortages and operating below recommended staffing levels ([neonatal services](#),¹⁷ [rheumatoid arthritis](#)¹³ and [stroke](#)¹⁴), despite large increases in staff overall within the NHS.

Benchmarking costs

Our reports have found that primary care trusts often lack data to understand and benchmark their costs ([alcohol services](#),¹⁸ [autism](#),¹⁹ [chlamydia screening](#),²⁰ [dementia](#),¹⁵ [end of life care](#),¹⁶ [neonatal services](#)¹⁷, and [rheumatoid arthritis](#)¹³). This lack of understanding of good cost performance at a local level reduces the Department's ability to demonstrate that it is obtaining value for money through its devolved delivery model.

Hospital admissions and length of stay

Economic modelling for our reports on [dementia](#)¹⁵ and [end of life care](#)¹⁶ found that there was scope to reduce the number of hospital admissions and length of stay; for example, we identified that around 40 per cent of beds were occupied by elderly people who no longer had a clinical need to be there. The reports identified scope to release resources from hospitals for dementia patients of between £64 million and £102 million annually and for cancer patients in their last year of life by £104 million annually.

Key actions taken by the Department in response to our recommendations are recorded in its annual report. Some recent examples of where the Department and the NHS have taken action in response to our recommendations are shown overleaf.

The NAO also produces a wide range of cross-cutting work that considers aspects of efficiency across government (Appendix 4).

8 *The Statement on Internal Control: A Guide for Audit Committees*, www.nao.org.uk/guidance__good_practice/audit_of_financial_statements.aspx

9 *Pay Modernisation: A New Contract for NHS Consultants in England*, www.nao.org.uk/publications/0607/pay_modernisation_a_new_contr.aspx

10 *NHS Pay Modernisation: New Contracts for General Practice Services in England*, www.nao.org.uk/publications/0708/new_contracts_for_general_prac.aspx

11 *NHS Pay Modernisation in England: Agenda for Change*, www.nao.org.uk/publications/0809/nhs_pay_modernisation.aspx

12 *Improving the use of temporary nursing staff in NHS acute and foundation trusts*, www.nao.org.uk/publications/0506/improving_the_use_of_temporary.aspx

13 *Services for people with rheumatoid arthritis*, www.nao.org.uk/publications/0809/services_for_people_with_rheum.aspx

14 *Department of Health: Progress in improving stroke care*, www.nao.org.uk/publications/0910/stroke.aspx

15 *Improving Dementia Services in England – an Interim Report*, www.nao.org.uk/publications/0910/improving_dementia_services.aspx

16 *End of Life Care*, www.nao.org.uk/publications/0708/end_of_life_care.aspx

17 *Caring for Vulnerable Babies: The reorganisation of neonatal services in England*, www.nao.org.uk/publications/0708/caring_for_vulnerable_babies.aspx

18 *Department of Health: Reducing Alcohol Harm: health services in England for alcohol misuse*, www.nao.org.uk/publications/0708/reducing_alcohol_harm.aspx

19 *Supporting people with autism through adulthood*, www.nao.org.uk/publications/0809/autism.aspx

20 *Young people's sexual health: the National Chlamydia Screening Programme*, www.nao.org.uk/publications/0809/young_peoples_sexual_health.aspx



Stroke care November 2005²¹ and February 2010²²

'The Department of Health's strategy for stroke care has increased the priority and awareness of the condition and started to improve patients' care and outcomes ... the actions taken by the Department since 2006 have, to date, improved value for money.' (2010)

Our 2005 report recommended:

- The Department should raise public awareness of the signs of stroke.
- Primary care trusts should ensure acute stroke services are delivered through acute stroke units.

Our 2010 progress report found that, since 2006, stroke patients' chances of dying within ten years had reduced by an estimated 4 per cent (from 71 to 67 per cent). There had also been improvements in post-hospital support and in prevention.

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²¹ *Department of Health: Reducing Brain Damage: Faster access to better stroke care*, www.nao.org.uk/publications/0506/reducing_brain_damage.aspx

²² *Department of Health: Progress in improving stroke care*, www.nao.org.uk/publications/0910/stroke.aspx

Impact: £150m a year Prescribing costs in primary care²³ May 2007



‘There is scope to improve the efficiency of prescribing in primary care ... We found over £200 million of potential efficiency savings by looking at just 19 per cent of the primary care drugs bill.’

We recommended:

- Developing benchmarking tools for primary care trusts to analyse and cost local prescribing.
- Integrating approaches to prescribing across primary and secondary care, so patients have their medicines reviewed regularly.

We produced guidance for prescribing advisers on how to influence GPs to prescribe more cost-effectively. We also provided information to all primary care trusts showing the scope for savings across a range of commonly prescribed items. Implementation of our recommendations across the NHS delivered significant savings.

Impact: £43m Protecting NHS hospital and ambulance staff from violence and aggression²⁴ March 2003



‘We found a lack of consistency in the way that NHS trusts manage the consequences of violence and aggression, including the support provided to those staff affected.’

We recommended:

- Including questions about staff's experience of violence and aggression in national surveys.
- Transferring lead responsibility for reducing violence and aggression to the NHS Counter Fraud and Security Management Service.

The Department acted on our recommendations and, using a financial model we developed to help the NHS Counter Fraud and Security Management Service evaluate their cost-effectiveness, we identified substantial savings from reduced violence.

²³ *Prescribing costs in primary care*, www.nao.org.uk/publications/0607/prescribing_costs_in_primary_c.aspx

²⁴ *A Safe Place to Work: Protecting NHS Hospital and Ambulance Staff from Violence and Aggression*, www.nao.org.uk/publications/0203/a_safer_place_to_work_protect.aspx

information

Use of information

The life blood of a successful organisation is the quality of information on which it makes decisions and monitors and assesses performance. Poor quality information leads to inefficiency and waste and can result in excess or unnecessary costs. Departments need reliable information on which to design and deliver services and monitor quality, be confident about their productivity, and drive continuous improvement.²⁵

Testing the reliability of performance data across government

We carry out work across government to test the systems used by departments to report on their performance. This work provides assurance to Parliament and the public about whether these systems are adequate, and supports better performance management by Government.

Under the previous Government Public Service Agreements (PSAs) were the agreements between the Treasury and individual departments which set out priority areas for the Government's work and against which the departments

report their performance. For the period 2008-2011, 30 PSAs were used by departments to measure and report progress, each underpinned by several indicators.

In October 2009, we published our **Fifth Validation Compendium Report**,²⁶ which reviewed data systems underpinning 13 of the Government's PSAs:

'... the slow progress being made by some government departments in achieving better quality information about their own performance is a matter for concern. The NAO has found that one third of the PSA data systems used by departments have weaknesses and just over a tenth remain unsatisfactory.'

Our Sixth Compendium Report, for PSAs across the whole of government, will be published shortly.

The Treasury announced in June 2010 that it had ended the system of Public Service Agreements and that in future departmental business plans would include the data the public can use to hold departments to account.²⁷

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²⁵ *NAO Strategy 2010-11 to 2012-13*, www.nao.org.uk/publications/0809/nao_strategy_2010-11_to_2012-1.aspx

²⁶ *Measuring Up: How good are the Government's data systems for monitoring performance against Public Service Agreements?* www.nao.org.uk/publications/0809/5th_validation_report.aspx

²⁷ *HM Treasury: The Spending Review framework*, June 2010 (paragraph 27).

Use of information by the Department

The Department of Health had lead responsibility for PSA 18 to 'promote better health and well being for all' and PSA 19 to 'Ensure better care for all'. Our June 2010 reports looked at the Department's data systems to support these **PSAs**.²⁸ We concluded that 12 of the 13 data systems were fit for purpose and the remaining data system was broadly appropriate but in need of strengthening.

The most recent public statement by the Department of Health on progress against its PSA and other performance indicators was in its 2009 Autumn Performance report.²⁹

A number of NAO reports have highlighted issues with the use of information within the Department and the NHS, and these are summarised below:

Information to support strategies

Our 2010 **stroke**³⁰ report showed good use of information by the Department in the design of its strategy for this key priority. Elsewhere, the Department does not always use information consistently to plan and implement programmes in a cost-effective manner, as highlighted in our reports on **Agenda for Change**³¹ and **end of life care**.³² The 2009 Capability Review progress report³³ identified a need for better integration of evidence in policymaking.

The Government's 2009 autism strategy aims to improve the lives of adults with autism, by identifying their health needs earlier, enabling them to live independently and supporting them to secure employment. The strategy drew substantially on the findings of our report on **autism**³⁴ which highlighted the need for better information, and for more effective joint working between NHS and other public bodies.

Information to deliver effective services

While the Department and the NHS have good information on performance against key targets, such as the 18 weeks waiting time from referral to treatment, recent reports have identified a number of issues with other areas of information. For example, our reports on **dementia**³⁵ and **rheumatoid arthritis**³⁶ found that there was little shared knowledge and understanding about the extent of the diseases, or an evidence base as to the most cost-effective way of providing services to reflect different local needs. Our report on **major trauma**³⁷ highlighted an absence of data on patient outcomes in many hospitals that deal with this complex condition.

The National Programme for IT

The Department launched the National Programme for IT in 2002. It is the largest civilian IT project in the world with an estimated cost of around £12.7 billion over the first ten years. The programme is designed to reform the way the NHS in England uses information, and hence to improve services and the quality of patient care. The programme is several years behind schedule and is likely to be scaled back from its original version. Our **2008 progress report**³⁸ on the programme found that:

The scale of the challenge involved in delivering the National Programme for IT has proved to be far greater than envisaged at the start, with serious delays in delivering the new care records systems.

28 *PSA Public Service Agreement data systems reviews 2010*, www.nao.org.uk/PSA-validation-2010

29 *Department of Health: Autumn Performance Report 2009*.

30 *Department of Health: Progress in improving stroke care*, www.nao.org.uk/publications/0910/stroke.aspx

31 *NHS Pay Modernisation in England: Agenda for Change*, www.nao.org.uk/publications/0809/nhs_pay_modernisation.aspx

32 *End of Life Care*, www.nao.org.uk/publications/0708/end_of_life_care.aspx

33 *Department of Health: Progress and next steps*.

34 *Supporting people with autism through adulthood*, www.nao.org.uk/publications/0809/autism.aspx

35 *Improving Dementia Services in England – an Interim Report*, www.nao.org.uk/publications/0910/improving_dementia_services.aspx

36 *Services for people with rheumatoid arthritis*, www.nao.org.uk/publications/0809/services_for_people_with_rheum.aspx

37 *Major trauma care in England*, www.nao.org.uk/publications/0910/major_trauma_care.aspx

38 *Department of Health: The National Programme for IT in the NHS: Progress Since 2006*, www.nao.org.uk/news/0708/0708484.aspx

delivery

Service delivery

Public services are different in the way they are delivered but their quality and cost-effectiveness depends on a number of common minimum requirements. For example, service delivery requires sound programme and project management, strong commercial skills, effective IT enabled business change, and a real understanding of customer needs. Many of our reports to Parliament cover these issues. We summarise below some of this work, organised by key areas of the Department's business.³⁹

In recent years the Department has devolved increasing levels of responsibility for service delivery to primary care trusts, which spend around 80 per cent of total NHS funding. They do this through a process known as 'commissioning' – identifying what health and care services are needed locally, purchasing services from a range of local providers such as hospitals and having systems in place to measure performance. Within their allocated budgets primary care trusts are, broadly speaking, free to commission services for their local areas as they see fit.

The Cabinet Office's 2009 Capability Review progress report noted that the Department is an exemplar in its delivery against high-profile targets, and the Department has met a number of targets ahead of schedule (Appendix 7). Continuing to deliver against such targets in the face of the requirement to deliver annual efficiency savings of £15-20 billion by 2013-14 will be challenging.

Our reports have highlighted a number of key risks associated with the Department's devolved model of resource allocation and decision-making (see opposite).



Commissioning skills

A number of our reports have highlighted a lack of commissioning skills and capability in primary care trusts and local authorities to plan, contract for and evaluate services (**alcohol services**,⁴⁰ **autism**,⁴¹ **chlamydia screening**,⁴² **dementia**,⁴³ **GP contracts**,⁴⁴ **rheumatoid arthritis**⁴⁵ and **stroke**⁴⁶). The Department's world class commissioning programme, introduced in 2007, aims to improve the capabilities of primary care trusts to commission services. Results in 2009, the first year of the programme's assurance process, showed that across all ten commissioning competencies, primary care trusts received an average score of 1.65 out of a possible score of four.

39 *NAO Strategy 2010-11 to 2012-13*, www.nao.org.uk/publications/0809/nao_strategy_2010-11_to_2012-1.aspx

40 *Department of Health: Reducing Alcohol Harm: health services in England for alcohol misuse*, www.nao.org.uk/publications/0708/reducing_alcohol_harm.aspx

41 *Supporting people with autism through adulthood*, www.nao.org.uk/publications/0809/autism.aspx

42 *Young people's sexual health: the National Chlamydia Screening Programme*, www.nao.org.uk/publications/0809/young_peoples_sexual_health.aspx

43 *Improving Dementia Services in England – an Interim Report*, www.nao.org.uk/publications/0910/improving_dementia_services.aspx

44 *NHS Pay Modernisation: New Contracts for General Practice Services in England*, www.nao.org.uk/publications/0708/new_contracts_for_general_prac.aspx

45 *Services for people with rheumatoid arthritis*, www.nao.org.uk/publications/0809/services_for_people_with_rheum.aspx

46 *Department of Health: Progress in improving stroke care*, www.nao.org.uk/publications/0910/stroke.aspx



Economies of scale

The commissioning of services by local primary care trusts can also mean that potential economies of scale are lost. Our report on [chlamydia screening](#)⁴² showed that support functions such as the procurement of equipment, IT and marketing and communications activities may be more appropriately commissioned at regional or national level.

Healthcare providers

Our reports on [clinical governance](#)⁴⁷ and [GP contracts](#)⁴⁴ showed that primary care trusts have limited influence on the activities of healthcare providers who are responsible for service delivery. For example, GPs are strongly influenced by the Quality and Outcomes Framework, which is the basis of much of their remuneration, but this is set at national level. In secondary care the system of Payment by Results, which is the key financial lever to control hospital activity, is outside of primary care trusts' control, making it difficult for primary care trusts to control acute activity.

Joint working between health and social care

Our reports on [alcohol services](#),⁴⁰ [autism](#),⁴¹ and [end of life care](#)⁴⁸ have highlighted a barrier to the effective delivery of services arising from weaknesses in joint planning and commissioning between health and social care bodies. The Department has attempted to address these issues by making joint strategic needs assessments a requirement for primary care trusts and local authorities from 2008.

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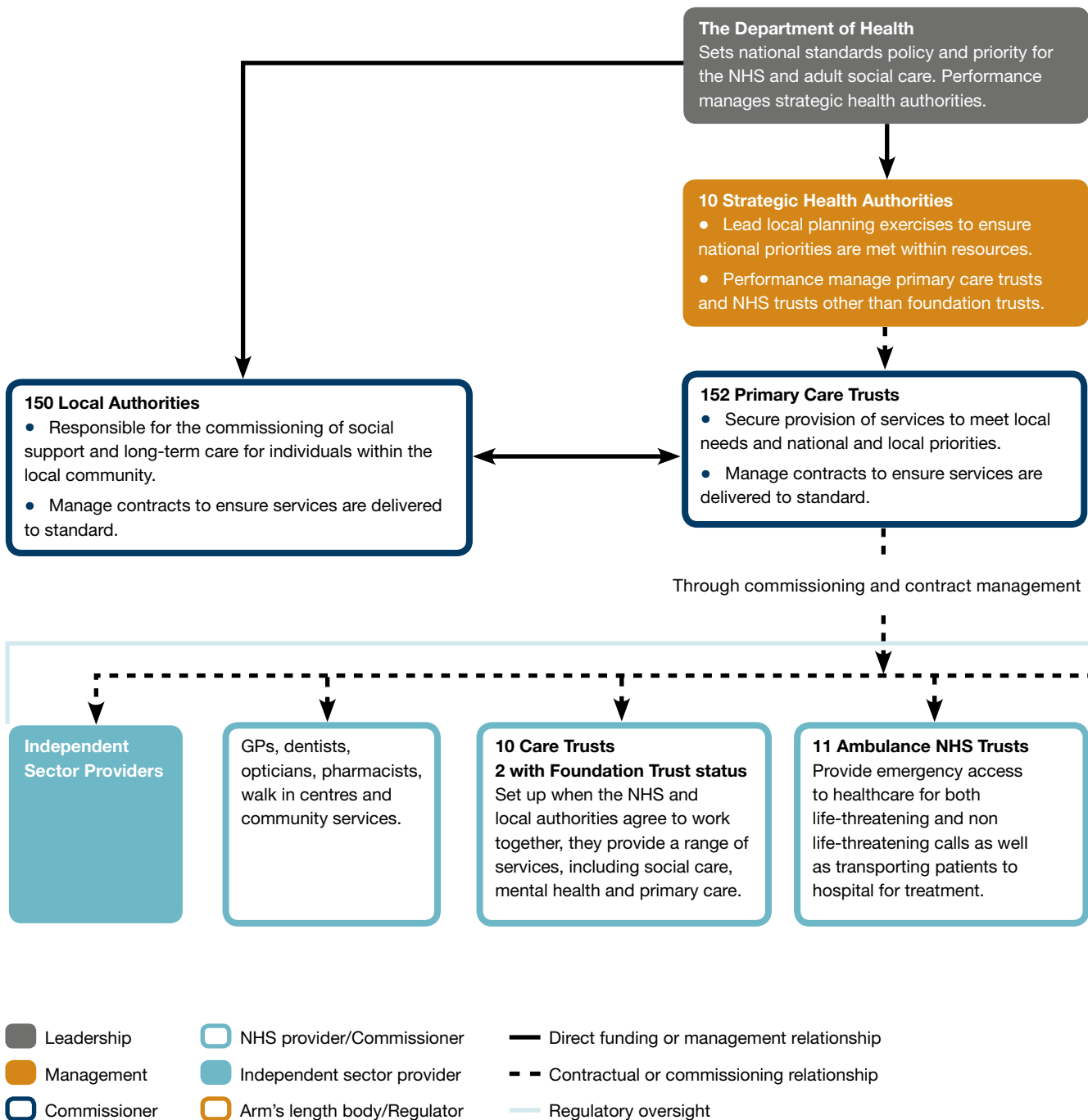


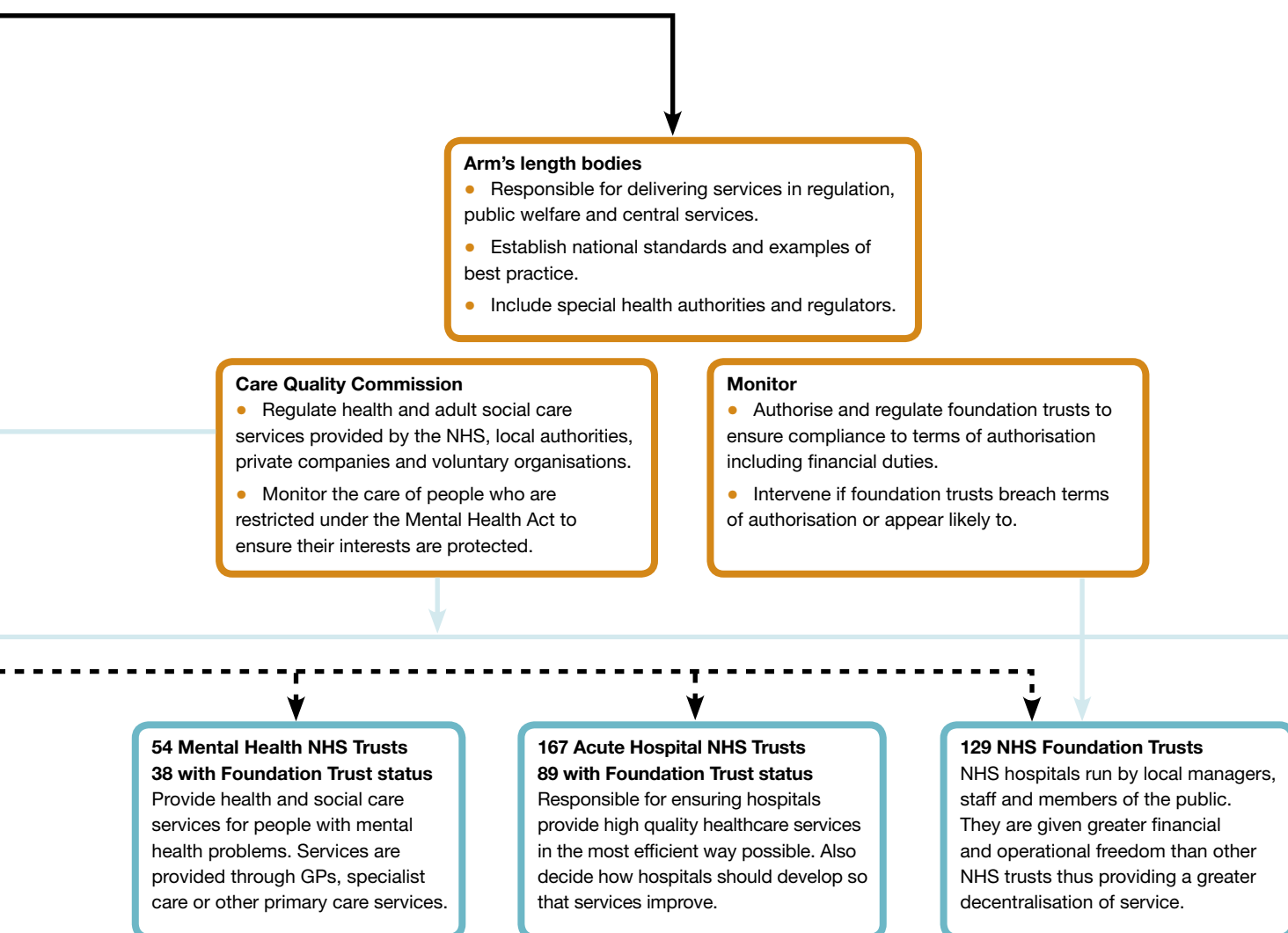
⁴⁷ *Improving Quality and Safety – Progress in Implementing Clinical Governance in Primary Care: Lessons for the New Primary Care Trusts*, www.nao.org.uk/publications/0607/primary_care_governance.aspx

⁴⁸ *End of Life Care*, www.nao.org.uk/publications/0708/end_of_life_care.aspx

Appendices

1 The Department of Health's delivery network





2 The Department's arm's length bodies at 1 April 2010⁴⁹

Executive Agency	Special health authorities	Regulatory non-departmental public bodies	Non-regulatory non-departmental public bodies
<p>Responsible for a particular business area. Part of, and accountable to, the Department</p>	<p>Independent bodies, but can be subject to ministerial direction like other NHS bodies</p>	<p>Non-departmental public bodies have a role in the process of national government, but are not part of government departments</p>	
<ul style="list-style-type: none"> ● Medicines and Healthcare Products Regulatory Agency 	<ul style="list-style-type: none"> ● Information Centre for health and social care ● National Institute for Health and Clinical Excellence ● National Patient Safety Agency ● National Treatment Agency for Substance Misuse ● NHS Blood and Transplant ● NHS Business Services Authority ● NHS Institute for Innovation and Improvement ● NHS Litigation Authority 	<ul style="list-style-type: none"> ● Care Quality Commission ● Monitor (Independent Regulator of NHS Foundation Trusts) ● General Social Care Council ● Council for Healthcare Regulatory Excellence ● Human Fertilisation and Embryology Authority ● Human Tissue Authority 	<ul style="list-style-type: none"> ● Health Protection Agency ● Alcohol Education and Research Council ● NHS Appointments Commission

⁴⁹ There were 25 arm's length bodies in 2008-09 (see page 7). The number of arm's length bodies has since reduced to 18.

3 Reports by the National Audit Office on the Health sector since 2005

			Parliamentary Session
5 February 2010	Major trauma care in England	HC 213	2009-2010
3 February 2010	Department of Health: Progress in improving stroke care	HC 291	2009-2010
14 January 2010	Improving Dementia Services in England – an Interim Report	HC 82	2009-2010
12 November 2009	Young people's sexual health: the National Chlamydia Screening Programme	HC 963	2008-2009
15 July 2009	Services for people with rheumatoid arthritis	HC 823	2008-2009
12 June 2009	Reducing healthcare associated infections in hospitals in England	HC 560	2008-2009
5 June 2009	Supporting people with autism through adulthood	HC 556	2008-2009
29 January 2009	NHS Pay Modernisation in England: Agenda for Change	HC 125	2008-2009
26 November 2008	End of Life Care	HC 1043	2007-2008
29 October 2008	Department of Health: Reducing Alcohol Harm: health services in England for alcohol misuse	HC 1049	2007-2008
10 October 2008	Feeding back? Learning from complaints handling in health and social care	HC 853	2007-2008
16 May 2008	The National Programme for IT in the NHS: Progress since 2006	HC 484	2007-2008
28 February 2008	NHS Pay Modernisation: New Contracts for General Practice Services in England	HC 307	2007-2008
25 January 2008	Releasing resources to the frontline: the Department of Health's Review of its Arm's Length Bodies	HC 237	2007-2008
19 December 2007	Caring for Vulnerable Babies: The reorganisation of neonatal services in England	HC 101	2007-2008
7 December 2007	Helping people through mental health crisis: The role of Crisis Resolution and Home Treatment services	HC 5	2007-2008
4 July 2007	Improving services and support for people with dementia	HC 604	2006-2007
18 May 2007	Prescribing costs in primary care	HC 454	2006-2007
19 April 2007	Pay Modernisation: A New Contract for NHS Consultants in England	HC 335	2006-2007
6 February 2007	Dr Foster Intelligence: A joint venture between the Information Centre and Dr Foster LLP	HC 151	2006-2007
11 January 2007	Improving Quality and Safety – Progress in Implementing Clinical Governance in Primary Care: Lessons for the New Primary Care Trusts	HC 100	2006-2007
12 July 2006	Department of Health: Improving the use of temporary nursing staff in NHS acute and foundation trusts	HC 1176	2005-2006
16 June 2006	Department of Health: The National Programme for IT in the NHS	HC 1173	2005-2006
19 May 2006	Department of Health: The Paddington Health Campus scheme	HC 1045	2005-2006
5 May 2006	The Provision of Out-of-Hours Care in England	HC 1041	2005-2006
18 February 2006	Tackling Child Obesity – First Steps	HC 801	2005-2006
16 November 2005	Department of Health – Reducing Brain Damage: Faster access to better stroke care	HC 452	2005-2006
3 November 2005	Department of Health: A Safer Place for Patients: Learning to improve patient safety	HC 456	2005-2006
19 May 2005	Department of Health – Innovation in the NHS: Local Improvement Finance Trusts	HC 28	2005-2006
11 March 2005	Department of Health: The NHS Cancer Plan – A Progress Report	HC 343	2004-2005
25 February 2005	Tackling Cancer: Improving the Patient Journey	HC 288	2004-2005
19 January 2005	Patient Choice at the Point of GP Referral	HC 180	2004-2005

4 Recent cross-government NAO reports of relevance to the health sector

			Parliamentary Session
18 March 2010	Reorganising central government	HC 452	2009-2010
12 March 2010	The cost of public service pensions	HC 432	2009-2010
6 November 2009	Commercial skills for complex government projects	HC 962	2008-2009
21 October 2009	Measuring Up: How good are the Government's data systems for monitoring performance against Public Service Agreements?	HC 465	2008-2009
16 October 2009	Government cash management	HC 546	2008-2009
29 April 2009	Addressing the environmental impacts of government procurement	HC 420	2008-2009
26 March 2009	Innovation across central government	HC 12	2008-2009
27 February 2009	Helping Government Learn	HC 129	2008-2009
13 February 2009	Recruiting civil servants efficiently	HC 134	2008-2009
5 February 2009	Assessment of the Capability Review programme	HC 123	2008-2009
19 December 2008	Central government's management of service contracts	HC 65	2008-2009

5 Other sources of information

Reports from the Committee of Public Accounts

30 March 2010	Twenty-sixth Report of Session 2009-10 Progress in improving stroke care	HC 405
16 March 2010	Nineteenth Report of Session 2009-10 Improving dementia services in England – an interim report	HC 321
23 February 2010	Tenth Report of Session 2009-10 Services for people with rheumatoid arthritis	HC 46
28 January 2010	Seventh Report of Session 2009-10 Young people's sexual health: the National Chlamydia Screening Programme	HC 283
10 November 2009	Fifty-second Report of Session 2008-09 Reducing Healthcare Associated Infection in Hospitals in England	HC 812
15 October 2009	Fiftieth Report of Session 2008-09 Supporting people with autism through adulthood	HC 697
30 July 2009	Forty-seventh Report of Session 2008-09 Reducing Alcohol Harm: health services in England for alcohol misuse	HC 925
16 July 2009	Thirty-seventh Report of Session 2008-09 Building the Capacity of the Third Sector	HC 436
18 June 2009	Twenty-ninth Report of Session 2008-09 NHS Pay Modernisation in England: Agenda for Change	HC 310
14 May 2009	Nineteenth Report of Session 2008-09 End of life care	HC 99
27 January 2009	Second Report of Session 2008-09 The National Programme for IT in the NHS: Progress since 2006	HC 153
9 October 2008	Forty-first Report of Session 2007-08 NHS Pay Modernisation: New contracts for General Practice services in England	HC 463
17 June 2008	Twenty-sixth Report of Session 2007-08 Caring for Vulnerable Babies: The reorganisation of neonatal services in England	HC 390
24 January 2008	Sixth Report of Session 2007-08 Improving Services and Support for People with Dementia	HC 228
17 January 2008	Second Report of Session 2007-08 Department of Health: Prescribing costs in primary care	HC 173
22 November 2007	Fifty-ninth Report of Session 2006-07 Pay Modernisation: a new contract for NHS consultants in England	HC 506
13 September 2007	Forty-seventh Report of Session 2006-07 Improving quality and safety – Progress in implementing clinical governance in primary care: Lessons for the New Primary Trusts	HC 302
18 July 2007	Fortieth Report of Session 2006-07 Dr Foster Intelligence: A joint venture between the Information Centre and Dr Foster LLP	HC 368
7 June 2007	Twenty-ninth Report of Session 2006-07 Department of Health: Improving the use of temporary nursing staff in NHS acute and foundation trusts	HC 142
17 April 2007	Twentieth Report of Session 2006-07 Department of Health: The National Programme for IT in the NHS	HC 390
14 March 2007	Sixteenth Report of Session 2006-07 The Provision of Out-of-Hours Care in England	HC 360
30 January 2007	Ninth Report of Session 2006-07 The Paddington Health Campus Scheme	HC 244
25 January 2007	Eighth Report of Session 2006-07 Tackling Child Obesity – First Steps	HC 157

6 Reports from Central Government

December 2009	HM Government	Putting the frontline first: smarter government
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Cabinet Office Capability Reviews

www.civilservice.gov.uk/about/improving/capability/reports.aspx

July 2009	Cabinet Office	Department of Health: Progress and next steps
July 2008	Cabinet Office	Capability Review of the Department of Health: One Year Update
July 2007	Cabinet Office	Capability Review of the Department of Health

Where to find out more

The National Audit Office website is
www.nao.org.uk

If you would like to know more about the NAO's work on the Department of Health, please contact:

Mark Davies
Director
020 7798 7456
mark.davies@nao.gsi.gov.uk

If you are interested in the NAO's work and support for Parliament more widely, please contact:

Rob Prideaux
Director of Parliamentary Relations
020 7798 7744
rob.prideaux@nao.gsi.gov.uk



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