

**NHS Resource Allocation Review**

**Targeting Poor Health : Report of the Welsh  
Assembly's National Steering Group on the Allocation  
of NHS Resources**

**On Going Work Schedule**

NHS Resource Allocation Review On Going Work	Responsibility:		Planned Completion Date	Comments
	Review	Assembly		
<b>Required before formula is ready for consultation:</b>				
<b>Formula development:</b>				
Identify the expenditure areas not captured in the direct resource allocations and recommend to PRG a method of allocation (e.g. by formula or other method). To include Ambulance Services, and unallocated £92m identified in the research team report.	Task Group A	NHSF	31 August	Assess the linkage between “badged “ monies in the formula
Adjust the control totals for expenditure programmes to latest consistent base.	Task Group A	NHSF	31 August	
<b>GMS Non cash-limited:</b>				
Report to PRG on relevance of English work on GMS-NCL formula development and whether rural factors are dealt with adequately	Task Group C / Task Group E	NHSF	14 October	English work expected to be available September 2001
<b>Rural Costs:</b>				
Complete conversion and exemplification of Welsh version of Scottish Community nursing model.	Task Group C	HSA (Robin Jones)	30 June	
Complete initial consideration of extra rural costs for hospital services using DRG database by analysing cost index against the sparsity variable used in the Scottish final report (road kilometres per 1000 population ) and report whether results are significant. Establish an agreed position on extra rural costs for hospital services if the Scottish approach is inconclusive (as seems likely from preliminary results).	Task Group C / Research team	HSA (Robin Jones)	31 July  31 August	
<b>Urban issues:</b>				
Establish from the DRG database the costs of HIV/ AIDS, haemophilia, multiple / complex healthcare needs in children, and forensic psychiatry, compare the distribution of these conditions with the factors / indicators already included in the direct resource allocations and report on whether formula needs to be modified.	Task Group A (Alun Lloyd)	HSA (Robin Jones) / NHS Inf. Authority (Steve Sutch)	31 July	Subject to availability of resources from NHS Information Authority
<b>Age related costs:</b>				
Identify whether there is evidence of greater length of stay from DRG database and any other relevant age/ cost weightings	Task Group A (Maggie Aikman)	HSA (Robin Jones) / NHS Inf. Authority (Steve Sutch)	31 August	Subject to availability of resources from NHS Information Authority

<b>Required before formula is implemented:</b>				
Review the potential benefits of an enhanced Welsh Health Survey and use of Census 2001 data.	Task Group A/ Research Team	HSA (Paul Demery/ Robin Jones)		
Develop and agree a process to update the formula for key data changes, such as population estimates, without introducing instability.	Task Group A/ Research Team	HSA / NHSF		
Consider and agree the strategy for phasing formula implementation		NHSF / F & A TF Group		
Modelling work to assess the redistribution effects of the formula in relation to social deprivation and disadvantage	Task Group B / Research Team	HSA	31 August	See note 1
Review the connections made between the health needs indicators and the expenditure blocks.	Task Groups A + B Research Team	NHS - HPID		
<b>On-going work to develop the formula and monitor its impact:</b>				
Set up a Task Group on resource mapping. This work would reflect the recommendations of the Costing Review Group and work in parallel with the RAR post July 2001.	Task Group A (Alun Lloyd)	NHSF		
Identify the availability of data sources for effects of homelessness and the additional costs of delivering services to ethnic minorities.	Task Group A	HSA		

Note 1

The NSG, on 21 June , has asked Task Group chairs to meet and consider how to take this research forward.