

Call for evidence

Submission questions

Closing date: Friday 12 December 2025, 23.59

Please complete your submission via our [Microsoft Forms portal](#). If you have any questions or problems submitting evidence in this format, please get in touch at evidencesubmissions.productivitycommission@health.org.uk

About your response

Are you responding in an individual capacity or on behalf of an organisation?

- ☐ Individual
- ☒ Organisation

If responding as an individual:

Please state your name (optional – at the end of this form you can choose whether or not you agree to your name appearing in our list of respondents): [Click or tap here to enter text.](#)

Please select from the list of categories below what capacity you are responding in (you may select more than one category):

- ☐ Patient/service user
- ☐ NHS staff (clinical or non-clinical)
- ☒ Researcher
- ☐ Independent expert
- ☐ Other – please state: [Click or tap here to enter text.](#)

If you wish to provide any further details about the capacity in which you are responding, please explain here (optional – max 200 characters):

This response is by Jon Sussex, Prof Judith Smith and Dr Manbinder Sidhu on behalf of NIHR-funded Birmingham, RAND Europe and Cambridge (BRACE) Rapid Evaluation Team.

If responding as an organisation:

Please state the name of this organisation (at the end of this form you can choose whether or not you agree to your organisation's name appearing in our list of respondents):
The NIHR-funded Birmingham, RAND Europe and Cambridge (BRACE) Rapid Evaluation Team

Please select from the list of categories below what capacity you are responding in (you may select more than one category):

- ☐ National body
- ☐ Integrated Care Board
- ☐ Provider organisation (eg NHS Trust, GP practice)
- ☐ Charity
- ☐ Trade union
- ☐ Professional/representative body
- ☐ Regulator
- ☐ Think tank
- ☒ University
- ☒ Other research organisation
- ☐ Business or industry
- ☐ Other – please state: [Click or tap here to enter text.](#)

Please provide further details about the nature of this organisation's work/activities (max 300 characters):

The NIHR-funded Birmingham, RAND Europe and Cambridge (BRACE) Rapid Evaluation Team comprises multidisciplinary researchers who will work closely with health service leaders, clinicians and managers, as well as patients and the public to provide timely evidence to decision-makers about the benefits of promising service innovations.

Please state your name and role at this organisation (at the end of this form you can choose whether or not you agree to your name appearing in our list of respondents):

Jon Sussex (RAND Europe lead for BRACE), Manbinder Sidhu and Judith Smith (University of Birmingham, Co-Directors of BRACE).

Your views on NHS productivity

Please share any general comments you have relating to productivity in the NHS in England. (max 2,000 characters)

You may wish to comment on what you see as the main opportunities and challenges. In the following section, you will be able to propose specific reforms to improve NHS productivity. This question is optional.

At any time, many innovations are being implemented in different places in the NHS, but often patchily and sometimes the same innovation is implemented in a variety of ways. Encouraging broad take-up of productivity-improving innovations across the whole NHS, and abandonment of unsuccessful innovations, requires evaluation: of the effectiveness and costs of innovations; and, where the innovation is cost-effective. evaluation of the enablers and barriers to implementation. Rapid evaluation methods can be used to generate this evidence (see: Smith J, Ellins J, Sherlaw-Johnson C, Vindrola-Padros C, Appleby J, Morris S, et al. Rapid evaluation of service innovations in health and social care: key considerations. *Health Soc Care Deliv Res* 2023;11(11). <https://doi.org/10.3310/BTNU5673>). But too often evaluation is either not undertaken at all or only later than desired. The result is missed opportunities, or late or patchy uptake of them, to improve productivity.

The BRACE team's experience of having completed multiple rapid evaluations of innovations in the NHS is that they are often hampered by lack of data measuring the outcomes achieved, or not, in comparison with previous/standard practice. The two examples included in this submission show that innovations are likely to have different effects in different places and that differences in the specifics of implementation will also impact productivity.

We strongly recommend that sustained improvement in NHS productivity requires innovations to be evaluated and the resulting evidence disseminated to all service providers, so that successful innovation spreads and unsuccessful innovation does not. Such evaluation requires action at the outset of any innovation to define outcome measures and set up collection of data that will show whether or not productivity has improved as a result. To improve productivity requires evidence on what works, and how it can work better.

Proposed reforms

Please propose **up to four** reforms to improve productivity in the NHS in England.

We are seeking ideas that:

- have the potential to improve productivity both now and in the future, provided 'quick wins' do not affect long-term productivity growth
- would enable the NHS as a whole to improve productivity

- identify the national policy levers (eg incentives, targets, regulations or guidance) needed so that the system can seize opportunities to improve productivity
- are ambitious but realistic, ie where you can see a path through implementation, even if this requires substantial change.

We welcome insights derived from local examples and case studies from other countries and sectors where these are relevant to the NHS.

You will have the chance to link your proposed reforms to one of our four drivers:

- **Workforce:** the people who support care delivery
- **Capital:** the buildings, equipment and digital infrastructure
- **Technology and innovation:** the adoption, implementation and spread of technologies
- **Transformation:** the things that enable the system to work better, including leadership and management, coordination and governance.

All questions in this section are optional.

Proposed reform one

1. **Please describe your proposed reform for improving NHS productivity.** (max 1,500 characters)

You may wish to comment on what problem the reform seeks to address; what actions would need to be taken to deliver the reform; and who would be responsible for implementing it.

Offering overweight (BMI>30) patients being treated for musculoskeletal conditions or waiting for elective surgery the option of referral to the NHS Digital Weight Management Programme. (DWMP). The DWMP has been shown to be effective in reducing weight in some patient groups (Taylor K, Indulkar T, Thompson B, Pinkard C, Barron E, Frost T, et al. Early outcomes of referrals to the English National Health Service Digital Weight Management Programme. Obesity (Silver Spring) 2024;32:1083-92. <https://doi.org/10.1002/oby.24024>). BRACE evaluated extending referrals to two new groups: musculoskeletal patients and patients awaiting elective surgery. These two new referral pathways have been piloted and could now be rolled out nationally.

2. **How would this reform improve productivity (ie the route to impact and potential scale of impact)?** (max 500 characters)

Weight loss in overweight populations is in turn associated with improved health and consequent reduced demand for health care. Scale of beneficial impact has not yet been evaluated, but the cost is low as the referral is added into existing interactions with patients.

3. **What is stopping this reform from being implemented now (eg the challenges and barriers)?** (max 500 characters)

Pilot sites evaluated by BRACE have adopted a variety of implementation specifics. Learning from those sites would support efficient implementation elsewhere. (See: infographic at: <https://www.birmingham.ac.uk/documents/college-social-sciences/social-policy/brace/brace-infographic-weight-management-final-accessible.pdf> and the full report to be published by NIHR Journals Library in January 2026: Stockwell S, Bradford M, Marciniak-Nuqui Z, Moriarty S, Waring J, Sussex J. Referral pathways into the NHS Digital Weight Management Programme for musculoskeletal and perioperative patients: rapid process evaluation. Health & Social Care Delivery Research); due for publication January 2026.

4. **If your proposal is supported by any evidence and/or real-world examples, please share details here.** (max 1,500 characters)

You may share case studies. Please include full URLs for any published evidence available online. If you wish to share any unpublished evidence in support of your submission, please email evidencesubmissions.productivitycommission@health.org.uk using 'Call for Evidence - Additional Evidence – [your name or organisation's name in full]' as the subject line.

Taylor K, Indulkar T, Thompson B, Pinkard C, Barron E, Frost T, et al. Early outcomes of referrals to the English National Health Service Digital Weight Management Programme. *Obesity (Silver Spring)* 2024;32:1083-92. <https://doi.org/10.1002/oby.24024>

Infographic at: <https://www.birmingham.ac.uk/documents/college-social-sciences/social-policy/brace/brace-infographic-weight-management-final-accessible.pdf>

and the full report to be published by NIHR Journals Library in January 2026: Stockwell S, Bradford M, Marciniak-Nuqui Z, Moriarty S, Waring J, Sussex J. Referral pathways into the NHS Digital Weight Management Programme for musculoskeletal and perioperative patients: rapid process evaluation. *Health & Social Care Delivery Research*; due for publication January 2026.

5. **Which of our following drivers does this proposal primarily relate to?** Please select one. If your proposal relates to more than one driver, please choose the one it most strongly relates to. Alternatively, if not related to any of these, please select 'Other' and, where possible, identify another theme it relates to.

- ☐ Workforce
- ☐ Capital
- ☒ Technology and innovation
- ☐ Transformation
- ☐ Other – please state: [Click or tap here to enter text.](#)

Proposed reform two

6. **Please describe your proposed reform for improving NHS productivity.** (max 1,500 characters)

You may wish to comment on what problem the reform seeks to address; what actions would need to be taken to deliver the reform; and who would be responsible for implementing it.

Where general practices are faced with financial or other challenges threatening their continued ability to operate, e.g. retirement of partners in a practice, there can be productivity advantages in allowing NHS Trusts to take over the running of them. (See: Saunders C, Davies C, Sidhu M, Sussex J. Impact of vertical integration on patients' use of hospital services in England: an analysis of activity data. BJGP Open 2024; <https://bjgpopen.org/content/8/2/BJGPO.2023.0231>)

An important caveat is that GP practices taken over in this way are not typical of all GP practices, so it cannot be concluded that vertical integration of this kind would have the same effects if adopted generally.

7. **How would this reform improve productivity (ie the route to impact and potential scale of impact)?** (max 500 characters)

NHS trusts take over running general practices resulted in reductions in rates of use (per head of population) of the following hospital services in the 2 years after a GP practice is taken over:

- A&E attendances: 2% reduction
- outpatient attendances: 1% reduction
- emergency inpatient admissions: 3% reduction
- emergency readmissions within 30 days: 5% reduction

with no impact on length of stay, overall inpatient admissions, or inpatient admissions for ambulatory care sensitive conditions.

8. **What is stopping this reform from being implemented now (eg the challenges and barriers)?** (max 500 characters)

There is a need for an initial period of trust and relationship building as part of the cultural transformation for both primary and secondary care. The effects of vertical integration take time to build up and initial impacts may not last, hence, patience is needed to allow vertical integration to develop where it is attempted.

9. **If your proposal is supported by any evidence and/or real-world examples, please share details here.** (max 1,500 characters)

You may share case studies. Please include full URLs for any published evidence available online. If you wish to share any unpublished evidence in support of your submission, please email evidencesubmissions.productivitycommission@health.org.uk using 'Call for Evidence - Additional Evidence – [your name or organisation's name in full]' as the subject line.

Sidhu M, Saunders CL, Davies C, McKenna G, Wu F, Litchfield I, et al. Vertical integration of general practices with acute hospitals in England: rapid impact evaluation. Health Soc Care Deliv Res 2023;11(17). <https://doi.org/10.3310/PRWQ4012>

Saunders C, Davies C, Sidhu M, Sussex J. Impact of vertical integration on patients' use of hospital services in England: an analysis of activity data. BJGP Open 2024; <https://bjgpopen.org/content/8/2/BJGPO.2023.0231>

10. Which of our following drivers does this proposal primarily relate to? Please select one. If your proposal relates to more than one driver, please choose the one it most strongly relates to. Alternatively, if not related to any of these, please select 'Other' and, where possible, identify another theme it relates to.

- ☐ Workforce
- ☐ Capital
- ☐ Technology and innovation
- ☒ Transformation
- ☐ Other – please state: [Click or tap here to enter text.](#)

Proposed reform three

[Questions as above]

Proposed reform four

[Questions as above]

End of submission

Please share any general comments you have on the Commission's approach (max 1,500 characters). You can read an overview of our work at www.health.org.uk/nhs-productivity-commission

Click or tap here to enter text.

Do you have any further comments to share with the Commission? (max 1,000 characters)

Early evaluation of innovations, especially those being relied upon to increase NHS productivity, is essential to create the evidence needed to make informed decisions about whether and how to implement across the whole NHS. Early evaluation requires, in turn, action at the outset of piloting or implementing an innovation to ensure outcomes and cost data are collected.

Permissions and contact details

Can we contact you about the details of your submission?

- ☒ Yes – please share your email address: jsussex@randeurope.org
- ☐ No

Do you agree to your name appearing in our list of respondents?

- ☒ Yes
- ☐ No

Do you agree to your organisation's name appearing in our list of respondents?

- ☒ Yes
- ☐ No
- ☐ Not applicable