**Roles and responsibilities of a Programme Director at an NHS Trust**

I have a particular interest in health technology assessment (HTA) and the role of HTA in ensuring that equitable and rational funding decisions are taken by the NHS. I also hold a public appointment as a member of one of the NICE technology appraisal committees, committee C, which meets in Manchester on a monthly basis. Recently, I have also had the opportunity to give a lecture on my dissertation subject to Masters student’s who are doing degrees in health economics and public health. This has been an experience which I have greatly enjoyed and hope to do more of in the future.

The **roles and responsibilities of my current post** within NHS Bristol are briefly as follows:

* To be responsible for the programmes of Planned Care (all Elective care for adult patients) and Cancer Services within NHS Bristol. This involves being responsible for the resources spent on these programmes, and determining the priorities for investment and disinvestment in these areas on behalf of the population of Bristol.
* To be responsible for the ‘Exceptional Funding’ panel and processes for NHS Bristol and to take a key role in the agreement of what care will and will not be available on the NHS in Bristol, North Somerset and South Gloucestershire through chairing the Commissioning Advisory Forum for this area which determines policy on ‘Interventions Not Normally Funded’
* To be part of the negotiating team for around £400 million pounds of contracted secondary care activity procured by the primary care trust, and to administer the contracts in year with hospital providers including decisions on when to levy any fines or incentives due under the contractual terms agreed.
* To be the lead for Specialist Commissioning within the PCT, representing our interests with the specialist commissioning group in terms of spending priorities and areas for budgetary management. This year this has included working with the specialist commissioning group to determine processes for managing the new interim cancer drugs fund
* To sit on the regional cancer network drug policy forum
* To lead the annual operational planning round within the PCT including determining annual funding priorities for the organisation with clinical commissioning groups, localities and the professional executive committee.

In **terms of training** I think the benefits of academic study in a related subject to your job role cannot be overstated. I do not feel that I could undertake many aspects of my current role with confidence if I had not completed my Masters in Health Economics degree. I also consider it unlikely that I would have had the opportunity to work with NICE as a committee member without it. In terms of other training, I think the main things that have benefitted me have been training I received within the NHS as part of the Gateway to Leadership programme http://www.nhsgatewaytoleadership.co.uk/ which was the route through which I originally joined the NHS from my previous role within the Cabinet Office. I also believe that training and development is something that is essential at all stages of your career, and I certainly see myself doing more academic study in the future to ensure that my knowledge stays up to date and in touch with the latest academic thinking.

If you are interested in **a career in health care management** I think that some grounding in health economics, either through short courses or by doing a degree course, provides an excellent basis for progression to a senior post. For those who are not so familiar with the world of health economics, the areas covered within this diverse topic are not solely those concerning healthcare finance and cost effectiveness. It also covers important concepts of equity, maximisation of health benefits, opportunity cost, agency in healthcare and many other areas that are extremely relevant to the operation of the NHS today.