INSIGHT

HEALTH & CARE INTELLIGENCE

THE VALUE ISSUE / CONSULTANCY, TECHNOLOGY & DELIVERY

Better change. Greater value.

What health and care leaders should ask of technology, transformation and the people they bring in to help.

NHS DEMAND, HOSPITAL INVESTMENT & ADULT SOCIAL CARE

A BUSY SYSTEM NEEDS CLEARER CHOICES

Current developments, with a practical question for the people leading change.

WELCOME FROM TMPM

This edition is about value: the change people experience, the capacity teams can use and the capability an organisation retains.

Health and care consultants have to connect national ambition with the realities of delivery. A new platform, a funded programme or a well-attended workshop is a starting point. The harder questions concern ownership, implementation and whether the benefits survive after external support ends.

We bring together current developments, questions to take into your next programme board and a candid look at consultancy buying. The same tests apply to TMPM: who will do the work, what will change and how will you know?

Christopher Taylor
Founder, TMPM Healthcare Transformation

THE QUESTION FOR YOUR NEXT BOARD

Which three decisions would most improve delivery in the next 30 days, and who has the authority to make them?

10 SEPTEMBER 2026

NHS DEMAND AND HOSPITAL INVESTMENT

NHS England reports 7.27 million A&E; attendances across June to August, its busiest summer. The elective waiting list stood at 7.3 million pathways in July, with 65.4% waiting up to 18 weeks. The release also announces £1.5 billion for more than 950 hospital resilience and estate projects. [01]

Consultant lens
Test summer and winter demand together. For capital schemes, connect the building programme to staffing, operational readiness and the care pathway that must work on opening day.

ADULT SOCIAL CARE PRIORITIES FOR 2026/27

The 2026/27 adult social care priorities emphasise care quality, choice and control, and closer working with health services. [03]

Consultant lens
Track independence, experience and unpaid-carer impact alongside discharge flow. A saving in one budget can create pressure in another.

NEIGHBOURHOOD HEALTH / LOCAL DESIGN & DELIVERY

Make the neighbourhood model workable

Start with a defined population and a service problem that partners can solve together.

The March 2026 Neighbourhood Health Framework sets out joint roles for integrated care boards (ICBs), local authorities and health and wellbeing boards. It expects locally owned neighbourhood health plans for implementation from at least 2027/28, with groundwork during 2026/27. [02]

TMPM VIEWPOINT / CO-PRODUCTION, GOVERNANCE & BENEFITS

Co-production and decision-making

Co-production must include people who find services hardest to use. In parallel, agree who can change eligibility, commit resources and resolve disagreement. Engagement needs a route into real decisions.

Map community strengths, including carers, voluntary organisations, primary care and housing. Then find where people are repeatedly assessed, redirected or left waiting.

CHOOSE AN EARLY PATHWAY

Start with frailty, mental health or a long-term condition. Use local demand, inequalities, avoidable harm, delivery capacity and whole-pathway costs to choose.

01 **Define the population**

Who is in scope? Agree the cohort, baseline, access routes and outcomes that matter to people.

02 **Design the working model**

Specify referral, escalation, professional accountability and information flow. Test rural access and non-digital routes.

03 **Settle the resource choices**

Identify which partner invests, who carries transition costs and where any released capacity will be used.

04 **Test, learn and decide**

Use a small live test, review experience and unintended effects, then make an explicit scale, adapt or stop decision.

DO NOT BOOK THE SAVING TWICE

Separate cash released, cost avoided, staff capacity and better outcomes. Agree a benefit owner in each affected organisation and test whether the combined model remains affordable.

AI & AUTOMATION / AMBIENT SCRIBING, SAFETY & BENEFITS

Time saved is only the first question

The next task is to turn a promising tool into a safe, adopted and measurable service.

AI rules and trust

NHS England's ambient-scribing guidance was updated in July to align with MHRA guidance; its adoption hub was updated again on 8 September. It provides an AVT supplier registry and information-governance resources. [04]

MHRA guidance makes intended purpose and functionality central to medical-device status. An apparently simple documentation product can change its regulatory position as new functions are added. [05]

September research from the Health Foundation finds support for AI is conditional on safeguards, including accuracy and human oversight. [06]

ADMIN AUTOMATION

Start with a recurring task: preparing routine correspondence, reconciling lists or assembling a programme report. Compare automation with simply removing or simplifying the task.

Five AI adoption tests

1 A measurable problem

Baseline volume, turnaround, error and rework. Record who carries the current burden.

2 A safe operating model

Agree approved data use, clinical review where relevant, exception handling and a usable fallback.

3 Adoption in real work

Test with the people doing the task, including accessibility and different language or communication needs.

4 Net benefit

Subtract checking time, training, licences, integration and ongoing support from the headline gain.

5 Ownership after launch

Name the service owner and monitor quality, uptake and changes to the product or model.

AI BENEFITS / CAPACITY IS NOT CASH

100 tasks × 6 minutes saved = 10 hours

That is gross capacity, before checking and support. It becomes a cash saving only if expenditure actually falls; otherwise show how the released time improves access, quality or workload.

NHS TRUST UPDATES / ACCESS, CQC & MEDICAL INNOVATION

Trust activity to watch

Three September updates, and one research development to watch. These are external examples, not TMPM client claims.

03 SEP

UCLH

Autism-friendly emergency care

UCLH's Emergency Department achieved National Autistic Society accreditation after a two-year programme. Changes include the Know Me First initiative, a buzzer option for people waiting in quieter spaces and clearer information about what to expect. [07]

Take into practice: Make inclusion visible in service design, physical environments and day-to-day routines.

07 SEP

UNIVERSITY HOSPITALS OF LEICESTER

CQC rating for Glenfield medical care

Medical care at Glenfield Hospital was rated Good overall, with Outstanding for well-led, following a March inspection. The trust reports strong multidisciplinary working and governance, alongside remaining improvement actions. [08]

Take into practice: Ask whether governance is evident in handovers, staff experience and action closure. This rating concerns the medical-care service, not the entire trust.

02 SEP

MANCHESTER UNIVERSITY NHS FT

Manchester's innovation sandbox

MFT and MHRA announced a partnership and the Manchester Sandbox to test innovations in real NHS settings. Early technologies are expected to include AI-enabled medical devices. [09]

Take into practice: Build evaluation and regulatory involvement into the programme from the start. An announced test programme is not yet evidence of benefit at scale.

RESEARCH WATCH / AI-ASSISTED BRAIN SURGERY, UCLH

UCLH reports a first patient in a trial using AI to assist a neurosurgeon during live brain surgery. The ongoing trial will assess feasibility, safety and clinical outcomes. Promising early activity; not established routine-care effectiveness. [10]

CONSULTANCY DAY RATES / SMES, BIG FOUR & ACCENTURE

What does a day of consultancy cost?

Use published prices to ask better questions about the proposed team, scope and total fee.

There is no single SME or Big Four day rate. Deloitte, EY, KPMG and PwC are the Big Four; Accenture is included here as another major firm. Specialist consultancies vary just as much in size, sector knowledge and delivery model.

2026 SNAPSHOT / SELECTED G-CLOUD 15 UK DAY RATES

Supplier	Delivery manager	Senior delivery manager	Programme delivery manager
Channel 3 [11]	£1,100	£1,320	£1,650
Deloitte [12]	£1,275	£1,480	£2,125
Accenture [13]	£1,250	£1,750	£1,750

Checked 15 September 2026: Channel 3 UK listing; Deloitte standard card and Accenture maximum onshore card, both January 2026. These digital/cloud role examples are not market averages or NHS-wide tariffs. Role names do not establish identical scope or experience. Confirm day length, VAT, expenses, discounts and availability.

Boutique day rates

Tenhaw publishes £950 for an associate, £1,250 for a senior practitioner and £1,560 for a partner, per day excluding VAT and agreed expenses. These are its own role labels, not equivalents to the table above. [16]

What this tells buyers
A specialist can offer senior access and a focused team. A large firm can offer breadth, delivery infrastructure and scalable capacity. Test the actual people and commercial offer rather than inferring value from the logo.

EY and PwC pricing

EY's January 2026 card lists £1,456 at SFIA level 4, £1,764 at level 5 and £2,912 at level 7, on a seven-hour day, excluding VAT. These responsibility levels should not be mapped directly to the job titles above. [14]

PwC's January 2026 ancillary-services card lists a maximum onshore £3,655 for Programme Manager/Director. It spans levels and is a ceiling for a different service basis, not a typical daily fee. [15]

COMPARE WHOLE-TEAM COSTS AND DELIVERY RISKS ON PAGE 7

CONSULTANCY BUYING / TEAM COSTS, VALUE & RISKS

Better value starts with a better brief

The delivery risks sit in the team, contract and operating model. Size alone does not settle them.

TEAM COST EXAMPLE / 35 PERSON-DAYS AT PAGE 6 RATES

£43,450 Channel 3

£50,925 Deloitte

20 delivery-manager days + 10 senior-delivery-manager days + 5 programme-delivery-manager days. Fees only, before VAT and extras. A staffing illustration, not comparable supplier bids or a guaranteed saving. [11], [12]

Risk to test	SME or boutique	Major firm
Continuity	A small team may depend on a few people. Ask for named cover and a practical handover plan.	A wider bench may help, but substitutions can dilute knowledge. Agree key personnel and approval rights.
Expertise and capacity	Depth in one field may leave gaps elsewhere. Verify relevant references, surge capacity and associate oversight.	Breadth may come with more coordination. Meet the delivery team and specify senior time on the work.
Commercial resilience	Check financial capacity, insurance, data controls and reliance on subcontractors.	Check liability caps, change charges, exit terms and which legal entity is accountable.
Independence and value	Test referral fees, partner interests and whether delivery quality is reviewed independently.	Test audit, technology and other client conflicts. Do not assume the brand removes the need for challenge.

Buy a result and a transfer of capability
Agree acceptance criteria, the client team's contribution, benefit measures and the handover evidence. Include internal time, licences, rework and transition costs in the comparison. The Consultancy Playbook remains useful reading. [17]

Choose the right buying route
Ordinary management consultancy is a non-healthcare service. Do not assume the Provider Selection Regime applies simply because the buyer is an NHS body; its scope excludes non-healthcare services except qualifying mixed procurements. Confirm the route with procurement. [18]

PROGRAMME & PROJECT MANAGEMENT / GOVERNANCE & BENEFITS

Your PMO should help people make decisions

A useful programme management office connects evidence, authority and action.

Board reporting and decision-making

A programme can report green while its most important decisions remain unresolved. Start each board pack with the choices required, the date each decision is needed and what happens if it is deferred. Give decision-makers a recommendation, alternatives and the consequences.

Keep delivery control proportionate. A business case explains why the investment is worth making. A project initiation document establishes scope, roles and controls. The live plan, risk register and decision log should then help people act as the work changes.

A PRACTICAL BENEFIT RECORD

Name the outcome, baseline, measure, owner and review date. Show the change needed in everyday work and which dependency could prevent the benefit. Distinguish forecast, achieved and sustained results.

A 90-day PMO reset

DAYS 1-30

Establish the truth

Agree the problem and baseline. Listen to staff and people using services. Reconcile the scope, dependencies, costs and decisions already made.

DAYS 31-60

Test the change

Protect time for delivery. Trial the new approach with a defined group. Review data and experience together; change the plan where the evidence calls for it.

DAYS 61-90

Embed accountability

Confirm the operating owner, resource requirements and escalation route. Decide what to scale or stop. Transfer tools and knowledge while support is still available.

BOARD REPORTING / A PRACTICAL DECISION LOG

Replace one page of status commentary with a decision log.

Decision needed | Recommended option | Owner | Deadline | Cost of delay

TMPM WORK / PARTNERSHIPS, CASE STUDIES & RESOURCES

Our work in practice

Recent TMPM activity, alongside selected evidence from our established portfolio.

Beechwood Risk Advisory + TMPM

Our Targeted Risk and Assurance Diagnostic brings together risk, governance and transformation expertise for NHS trusts and public-sector organisations. The partnership combines diagnostic work, governance and control reviews, and practical improvement planning. [20]

SELECTED PORTFOLIO / REPORTED PROGRAMME RESULTS

14%

Community-led support

A customer-journey programme reported a 14% reduction in social care costs and £1.5 million savings. Three permanent hubs and 27 pop-ups widened access, connecting practice change with community capacity. [19]

£1.044m

All-age mental health crisis care

Programme funding secured, with more than 120 stakeholders engaged. Five workstreams, three consultations and four workshops supported a clearer model and coordinated delivery across partners. [19]

£43m

Better Care Fund leadership

Oversight of a pooled budget, strengthening shared governance, reporting and coordination across partners. This is the value of the budget overseen, not a claimed saving. [19]

These are historical programme examples reported in TMPM's published portfolio. Results reflect their particular context and are not forecasts for a new engagement.

NEW RESOURCE / TIME TO TALK NEIGHBOURHOODS

Our 10 September 2026 companion proposes a listening and design series, clear decision responsibilities and a practical first test. Timings depend on local readiness. Explore the resource and talk to us about adapting the approach to your place. [22]

TMPM PRODUCTS / ASSURANCE, PERFORMANCE & TRANSFORMATION

Support built around the work you need to do

A focused diagnostic, a programme reset or experienced people working alongside your team.

Assurance Suite

For leaders seeking clearer evidence of quality, governance and readiness.

Explore gaps in evidence and controls, strengthen oversight and turn findings into a prioritised improvement plan.

Performance Suite

For services under pressure from demand, bottlenecks or weak delivery routines.

Move from diagnostic to system reset and capability transfer, with practical work on flow, accountability and sustainable performance.

Transformation Suite

For systems reshaping care around prevention and communities.

Connect life-course service design, community-led neighbourhoods and primary-care integration to the decisions and delivery needed.

Time to Talk Neighbourhoods

For partners who need a shared understanding of the future model.

Bring community, professional and leadership perspectives together, then work through roles, resources and the route into delivery.

PMO and interim support

For programmes needing experienced leadership or extra delivery capacity.

Discuss governance, planning, reporting, benefits and assurance, with clear responsibilities and a planned transfer to internal teams.

AI and automation support

For teams deciding where technology could remove friction.

Discuss process discovery, use-case prioritisation, adoption and benefit evaluation, with specialist partners where the brief requires them.

Explore the published suites and neighbourhood resources online. [20], [21], [22] Engagement scope, timing, outputs and commercial terms are agreed in your proposal.

HEALTH & CARE EVENTS / SEPTEMBER–OCTOBER 2026

Make the next conversation a useful one

Selected forthcoming events for health, care, digital and transformation professionals.

29-30 SEP

HETT Show

ExCeL London

Digital transformation, data, AI and adoption. Useful for testing supplier claims against frontline implementation experience. [23]

30 SEP

NHS Leaders Forum

Mary Ward House, London

A member-only forum for chairs, chief executives and equivalent leaders. Useful context for senior sponsors; check eligibility before booking. [24]

07-08 OCT

Care Show Birmingham

NEC Birmingham

Social care practice, policy, workforce and technology. A chance to connect health transformation with the realities of care provision. [25]

13-14 OCT

Healthcare Estates

Manchester Central

Healthcare engineering, estates and facilities. Relevant to capital delivery, operational readiness and resilience. [26]

Dates and venues checked 15 September 2026. Booking conditions, pricing and programmes can change. These are editorial listings; TMPM attendance or sponsorship is not implied.

EVIDENCE & REFERENCES / SOURCES BEHIND THIS EDITION

Keep reading

Research cut-off: 15 September 2026. Policy coverage primarily concerns England. Numbered references link to the original sources in the digital edition.

01 **NHS England** · Summer activity and resilience investment
10 Sep 2026

02 **DHSC and NHS England** · Neighbourhood health framework
17 Mar 2026

03 **DHSC** · Adult social care priorities for local authorities
Updated 21 Jan 2026

04 **NHS England Digital** · Adopting ambient scribing products
Updated 8 Sep 2026

05 **MHRA** · Ambient voice technology enabled products 2026 guidance

06 **The Health Foundation** · Public views on the regulation of AI in health care
Sep 2026

07 **UCLH** · Emergency Department autism accreditation
3 Sep 2026

08 **University Hospitals of Leicester** · Glenfield medical care rated Good
7 Sep 2026

09 **Manchester University NHS FT** · MHRA partnership and Manchester Sandbox
2 Sep 2026

10 **UCLH** · First patient in live AI assisted brain surgery
27 Aug 2026

11 **Channel 3 Consulting** · G-Cloud 15 AI services UK role rates
Checked 15 Sep 2026

12 **Deloitte** · G-Cloud 15 standard rate card
Jan 2026, PDF pp 12-13

13 **Accenture** · G-Cloud 15 role rate card
Jan 2026, printed p 8

14 **EY** · G-Cloud 15 pricing document
Jan 2026, PDF p 3

15 **PwC** · G-Cloud 15 Lot 3 ancillary services rate card
Jan 2026, PDF pp 2-3

16 **Tenhaw** · Published boutique AI consultancy prices
Checked 15 Sep 2026

17 **Cabinet Office** · The Consultancy Playbook
5 Sep 2022

18 **NHS England** · Provider Selection Regime scope
Checked 15 Sep 2026

19 **TMPM** · About, portfolio and published case study packs
Checked 15 Sep 2026

20 **TMPM and Beechwood** · Targeted Risk and Assurance Diagnostic
Checked 15 Sep 2026

21 **TMPM** · Assurance, Performance and Transformation Suites
Checked 15 Sep 2026

22 **TMPM** · Neighbourhood vision and Time to Talk
Checked 15 Sep 2026

23 **HETT** · HETT Show London 2026
29-30 Sep 2026

24 **The NHS Alliance** · NHS Leaders Forum
30 Sep 2026

25 **Care Show** · Care Show Birmingham
7-8 Oct 2026

26 **Healthcare Estates** · IHEEM conference and exhibition
13-14 Oct 2026

Editorial approach News summaries are sourced above. Consultant lenses and delivery recommendations are TMPM editorial views. Supplier prices are selected published examples; comparisons are limited by scope, role definitions and terms. TMPM updates draw on its published portfolio, partnerships and service resources.

Published by Taylor Made Project Management Ltd | Company no. 13526392
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