

A Scottish Conservative plan for the NHS

The challenge

The challenge facing the NHS is a perfect storm of funding, structure, and culture:

- Demand is rising with an ageing population. Funding for the NHS in Scotland was roughly flat in real terms from 2008-09 to 2014-15, and has only more recently risen - but still lags behind the pace of inflation in medical costs.
- Despite moves towards integration, the NHS is still broadly based on a traditional model of separate medical and social care systems, reliant on primary care, but generally biased towards hospital care for secondary treatment.
- Morale and cultural challenges are persistent. Staff feel disengaged from reforms. They feel undervalued and overworked, and all too often, clinicians feel disconnected from the non-medical workforce.

These problems are interlinked.

If clinicians feel alienated from management, reforms that change the structure of care are less likely to be successful - and financial pressures grow further.

Equally, a virtuous circle is possible where staff feel engaged, care is effective, reforms are smoother and increasing demand is better-managed – in turn reducing pressure on the workforce.

The situation is complex, but this is no excuse for inaction.

We think there are 15 things the Scottish Government could do to tackle these interconnected challenges – six relating mostly to structures, six to finances, and three to culture.

The solution: 15 things the Scottish Government could do to help the NHS

Smarter, clearer structures

1. Give immediate clarity over which services will change - and which won't.

The NHS needs certainty to do its job: good staff won't join a hospital or unit if its long-term role is unclear.

The SNP have hinted at closures. Their plans to reorder elective care and shift to community and primary care imply changing other services.

Any redesigns of care must be centred around the patient, improve outcomes, and create sustainable services.

But the SNP need to handle any change properly.

They need to come clean on what is happening, and when, if the NHS is to survive the transition.

They should publish a full list of planned service changes across Scotland.

They should also clarify what plans they have for the reorganisation of Scotland's health boards.

For those services which are to remain unchanged, they should introduce a Stability Guarantee, promising no service changes for the next 5 years. This will give them the confidence they need to recruit staff, improve morale and invest in services.

For those services that face closure, mergers or redesign, they should publish plans showing what will change, how transition arrangements will work, and what impact there will be on clinical outcomes.

2. Speed up new models of care

New models of care which aim to integrate social and health care should be supported.

But as Audit Scotland point out, the changes aren't happening fast enough.

The SNP should review implementation of integration - and bring any new models forward.

3. Expand the minor ailments service at community pharmacies

Research suggests that 1 in 10 GP consultations and 1 in 20 A&E attendances could have been managed by community pharmacies using a minor ailments service.

The SNP should expand the MAS scheme, by widening the eligibility criteria, and increasing funding by an additional £10 million a year.

4. Better information sharing to improve delayed discharges

By keeping medically fit patients in hospital, delayed discharges create significant pressure on already stretched wards.

Delayed discharges can be reduced by dedicated teams actively sourcing accommodation for patients – but this requires good information from all sources, beyond NHS and social care to include councils, housing associations and the third sector.

Central government guidance should set out the permissions for this sort of information sharing, and encourage its active use.

5. In the next 6 months, evaluate the impact of splitting elective and acute care

Most successful medical units cover both elective and acute work – allowing their doctors, particularly consultants, a stimulating range of work and good coordination of planned and emergency care.

This means the SNP's plan to create elective treatment centres in Inverness, Edinburgh, Aberdeen, Clydebank, Dundee and Livingston has huge implications.

International evidence suggests that concentrating elective surgery can lead to safer care.

But in a Scottish context, it could mean stripping elective services from other areas, particularly parts of the Highlands or Scottish Borders, leaving them with acute-only systems.

In turn, that may undermine the ability to recruit staff to these areas.

It is also essential that moves towards elective centres do not threaten services which ought to be provided at a local, community level.

The SNP should publish a full evaluation of their plans to centralise elective care - showing the trade-offs between more effective surgery, and the impact on medical staffing at consultant level in rural Scotland.

6. In the next year, pilot specialist triage in the most common elective specialities.

Many of the most common elective specialties suffer from ineffective referral patterns: many patients receive orthopaedic surgery, for example, when physio, pain relief or self-care may be more effective; but equally often, surgery will end up being more effective and cheaper for the NHS than repeatedly trying non-surgical care.

In some health systems, once a patient has moved beyond primary care, they see a specialist who helps them choose the next step.

This can reduce inappropriate referrals - meaning fewer patients undergo unnecessary surgery, which is both safer and cheaper, but ensures that patients who do need surgery definitely get it.

It also concentrates provision in a patient-centred way, in line with the move towards “Realistic Medicine” outlined by the Chief Medical Officer.

The SNP should look at introducing similar systems, as a means of simultaneously improving outcomes for patients, focussing clinicians’ time on the most important cases, and saving money.

Longer-term financial planning

7. By 2021, shift funding to preventative spending in primary, community and mental health

Our calls for increased spending on GPs have already been listened to by the SNP.

They should now give mental health the funding it needs for a truly transformative change – with a revenue-neutral shift in funding, increasing mental health funding by £300m across this Parliament.

8. Expand mental health services into primary, emergency and community settings

Our manifesto also called for a number of service changes that would transform mental health and create genuine parity of esteem between mental and physical health.

These included aiming to provide dedicated mental health support in every GP practice and A&E department, additional support for social prescribing, and better counselling services in schools.

9. Move to three-year financial planning cycles

The NHS needs certainty. To invest now in service changes that will have a positive effect in a few years' time, they need the ability to look beyond single financial years.

The SNP should move to three-year financial planning cycles in the NHS.

10. Introduce a locum spend scorecard

Recent stories have revealed not just the huge sum spent on locums, but also the difficulty tracking the cost.

The SNP should publish a locum and agency spend scorecard, showing the number of temporary staff, their specialties, and when and where they have been used, so that the variation in locum and agency costs can be properly analysed.

This would help Boards benchmark and monitor their costs, help central NHS management better understand the geographic nature of locum spend, and give public transparency on how much is being spent where.

11. Review payments for dismissed staff

Inevitably in the NHS, there are some dismissals - but reports suggest the NHS in Scotland has spent £6 million in four years on staff being paid while awaiting tribunals or hearings.

The Scottish Government should review HR procedures that govern this sort of tribunal with the relevant medical councils, with the aim of swifter resolutions.

12. Move to nationwide procurement and back-office systems

Audit Scotland showed that drug cost inflation will be a major challenge for the NHS.

Cost control more generally is a weakness of the NHS – when it could take advantage of its purchasing power.

The SNP should move towards centralising a select few specialised functions such as procurement and HR support systems, being careful however not to undermine the existing structure of health boards unless it can be clearly shown to be in patients' best interests.

A well-staffed, highly-engaged workforce:

13. Publish a national workforce plan and commit to six-monthly updates to the Scottish Parliament

Staffing is one of the NHS' biggest challenges. Finding and keeping good permanent staff is essential for avoiding high temporary staff costs, and growing a good workplace culture that improves patient care.

The SNP claim that a national workforce strategy is in place – but there is little transparency over its aims or content, and the Scottish Parliament has few regular opportunities to check progress and hold the SNP to account.

They should publish a national workforce strategy immediately, and commit to presenting an update to Parliament every six months.

14. Introduce a clinical consultation check across boards

Major service changes will not work without the clinical workforce feeling engaged, and offering their front-line input on what will work.

The SNP should introduce a guarantee of clinical consultation - where any service change has a specific forum for clinicians to add their expertise and raise any concerns.

15. End the cap on medical students.

In the long-term, Scotland needs a healthy supply of new doctors and nurses.

But the SNP artificially cap student numbers.

They should end the cap for medical, nursing and AHP degrees.