



A Real Winter Recovery Plan for our NHS

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FOREWORD



From working as a doctor in the NHS, every shift I see the further deterioration of our health service, as it approaches its worst ever winter on record. As a healthcare professional, it is truly heart-breaking to hear patients time and time again complain that they have been waiting for months in pain, just to get an appointment.

This anecdotal evidence is more than borne out by the statistics. A&E performance has collapsed with just over a third of patients being seen at the flagship Queen Elizabeth University Hospital within the target time, at the time of writing. Delayed discharge is at a record high, leading to hundreds of patient deaths due to hospital infections. One in seven Scots are now on an NHS waiting list and almost 80,000 of these patients have already waited more than a year for an operation.

These figures are a devastating indication of the performance of our NHS, despite the efforts of healthcare staff. Yet even more troubling is the fact that this situation is likely to get worse before it gets better. Traditionally, demand soars over the winter period leading to staff working harder, but overall performance against targets falling. Given the state of our NHS now, I dread to think of the conditions that my colleagues and I will be working in, when the worst of the winter crisis comes.

The blame for this lack of preparedness for the coming winter lies with Humza Yousaf. Under the Health Secretary's mismanagement, conditions for both patients and staff in our NHS have gone from bad to worse. He announced his NHS Recovery Plan more than a year ago, yet, since

its publication, standards across the board have only plummeted further. He needs to take the responsibility and blame for this and be sacked.

Hardworking healthcare staff across our NHS deserve better than the leadership this Health Secretary is providing. That is why the Scottish Conservatives are publishing this paper; to set out a range of immediate interventions to help our health service get through the coming winter months.

Our plans include introducing 'Super Saturdays' and weekend and evening scanning, to make the best use of facilities while improving efficiency.

We would set up a winter network of mobile testing and drive through facilities, and would also implement a local waiting times app, which would allow patients to see live waiting times and decide for themselves the best hospital to go to.

In addition, we would tackle delayed discharge by rolling out Reach teams, which would provide support to elderly patients that would stop them having to return to hospital, and repeal outdated Covid guidance which is stopping hospitals from filling perfectly good beds.

We need to put our health service on the same emergency footing, to tackle the current winter crisis, as we did during the worst of the Covid pandemic. My colleagues and I cannot wait on an empty promise of recovery in four years' time from the SNP Government, when we need tangible action at this moment to help our NHS and the patients that rely on it.

Our NHS needs a real winter recovery plan now.

A handwritten signature in black ink, appearing to be 'Dr Sandesh Gulhane'.

Dr Sandesh Gulhane MSP

**Shadow Cabinet Secretary for Health and Social Care
Scottish Conservative and Unionist Party**

INTRODUCTION

Our NHS faces a winter crisis, yet the Health Secretary has no plan for how to get our health service through it. He is clinging to a recovery plan drafted last year, which he admits will take half a decade to return the NHS to pre-pandemic standards and which has been proven time and time again to be inadequate.

With the SNP Government failing to provide the leadership our health service needs, it is for Scotland's Real Alternative, the Scottish Conservatives, to provide and campaign on the ideas and policies that will help our NHS at this difficult time.

This paper sets out a range of interventions, many of which, given the spending pressures, aim to free up resources and drive down inefficiencies across our health service. Our approach has at its heart a desire to tackle the worst waits for patients and make simple, immediate changes to free up healthcare professionals' time so that they can better focus on treatment.

We will set out our plans for our health service in greater detail in the future, but the ideas presented in this paper can help drive NHS recovery now, rather than in four years' time.

RECOMMENDATIONS

- **Introduce new crisis maximum waiting times.**

These would set a floor for the maximum waiting times that patients should expect for treatment during a particularly difficult winter period. This would be backed by sanctions for health boards that breach them.

- **Run Super Saturdays to make better use of facilities.** This would see health boards select a single type of treatment or operation to be carried out exclusively by a team over the day. Theatres would be twinned at this time to reduce logistical challenges, ensuring that medical professionals can operate as efficiently as possible.

- **Expand same day operations.** This would allow for less complex procedures or less advanced diseases to be treated earlier before a patient's condition worsens.



- **Introduce off-peak scanning.** This would see facilities being made available for patients' scans in the evenings and at weekends.
- **Set up a winter network of mobile testing and drive through facilities.** This would set up Covid testing style units for CT scans, blood tests and Electrocardiograms (ECGs).
- **Introduce an NHS Care App to allow patients to see live hospital waiting times.** This would allow patients to help the NHS manage demand and see where they are in the queue for operations.

- **Introduce a full Electronic Repeat Prescription system.** This would effectively copy current prescriptions without the need for it to be signed again.

- **Revamp NHS 24's triaging system.** This would ensure that the most serious patients are better able to get through to a handler.

- **Introduce Prehab for those awaiting treatment.** That means giving them information and support to live as healthy a lifestyle as possible, so that they are fit enough for treatment to be carried out.

- **Set up a network of long Covid clinics.** We should set up a dedicated service to give patients the specialist treatment they deserve and reduce the pressure the condition is creating for the rest of our NHS.

- **Establish a supportive staff culture to combat exhaustion and burnout.** This would see staff given nutritious food and access to rest areas and rota designs improved to ensure adequate recovery time.

- **Repeal outdated Covid guidance in hospitals.** This guidance means that perfectly good beds are going unused in our hospitals.

- **Fund interim care solutions for patients.** This would introduce stopgap care to tackle delayed discharge and allow patients to leave hospital before a more permanent solution can be found.

- **Roll out and expand Reach teams across all health boards.** This would help elderly individuals to avoid having to return to hospital.

THE STATE OF OUR NHS

In August 2021, Humza Yousaf published his NHS Recovery Plan. This flimsy document set out a five-year plan to increase capacity and reduce waiting times and backlogs back to levels from before the Covid pandemic. The document promised that there would be year on year improvements over this period.ⁱ

However, we have instead seen the state of our health service deteriorate further following the introduction of Humza Yousaf's plan. Conditions within Scotland's NHS are now far more dire than during the Covid pandemic or at any point for which data is available.



Waiting times have reached their worst ever levels. Monthly A&E performance against a four-hour target, the standard barometer for the health of our NHS, has collapsed from 77.9% in August 2021 to 67.6% in October 2022. As a result, the number of 12-hour waits has spiralled – increasing fourfold over the same period.ⁱⁱ

The backlog of patients awaiting treatment is ever increasing. In September 2021, 657,295 patients were on an NHS waiting list. By September 2022, the latest month for which there is available data, this had grown by almost a fifth -- to 776,341. As a consequence, one in seven Scots are now on a waiting list for treatment of one kind or another. The number of operations happening privately has increased by 69% from 2,900 to 4,905.^{iii iv}

It is even now the case that patients are unaware if they have a serious illness. The number of patients waiting more than 62 days for cancer diagnosis and treatment has increased from 671 to 965 from the quarter ending September 2021

to the quarter ending June 2022. That means hundreds of patients who may have cancer, are unable to get diagnosed and get on the path to treatment.^v

Finally, at a time when our NHS is collapsing under strain, our social care sector does not have the capacity to accept patients, leaving them stuck in hospital. Delayed discharge has reached a record high, costing our NHS £142 million and 1,898 bed days per day. Sadly, this is even leading to patient deaths, with 432 patients' deaths potentially caused by delayed discharge between January and November 2022 alone.^{vi vii viii}

Patients are suffering, at no fault of our hardworking healthcare staff. Instead, it is clear that the political leadership at the top is failing our NHS. **Our NHS needs a new Health Secretary and it needs a real recovery plan to help it get through its worst winter on record.**

TACKLING THE WORST WAITS

Waiting times regularly suffer during the winter, due to the greater number of patients requiring treatment at this time of year. However, as set out previously, treatment waits are now at their worst ever time on record; 1,226 patients now wait more than half a day at A&E each week.^{ix}

While we need to see improvements in existing standards in the medium term, it is clear that these standards are not fit for purpose right now. Currently in our NHS, patients can wait more than a day at A&E rather than four hours, and hours rather than minutes for an ambulance. Currently, patients are counted the same in most publicised statistics regardless of how long they have waited beyond the target time standard (with A&E statistics being a rare exception). This means that while boards are incentivised to reduce the number of patients whose waits are approaching the target time standard, they are not incentivised to use scant resources and time to tackle the longest of waits.

We need to see the introduction of new crisis maximum waiting times to tackle the most appalling waits. These would set a floor during a particularly difficult winter period for the maximum times that patients should expect to wait for treatment. This would improve transparency, as it is currently the case that many of the worst waits are only available through Freedom of Information requests.

These new maximum standards would be backed up by clear sanctions for health boards that breach them, giving our NHS a clear motivation to tackle the longest of waits. A ministerial statement would also be required in the event of repeated breaches in a board, to make the Health Secretary personally responsible for tackling the worst waits in our NHS.

However, it is already the case that many patients are waiting longer than any maximum waiting time standard for treatment. For instance, 78,742 patients have been on an NHS Scotland waiting list for more than a year. This can result in additional strain on our health service through occupying bed space or deteriorating patient conditions resulting in more complex treatment needs.^x

In order to tackle the growing backlog, the NHS should introduce Super Saturdays to make better use of its facilities and staff to maximise the numbers of patients treated. This would see health boards select a single type of treatment or operation to be carried out exclusively by a team over the day. This cuts down massively on logistics, such as moving theatre equipment, and would allow professionals to get through far more treatments in each shift than normally possible. This has been used at Guy's and St Thomas's hospital in London to complete eight radical prostatectomy operations in under ten hours, a record number in one hospital in a single day.^{xi}



A linked proposal for reducing logistical challenges and ensuring that medical professionals can operate as efficiently as possible is the practice of twinning theatres. Twin theatres reduce the turnaround time between operations by ensuring that surgical teams do not have to wait on the patient being prepared for treatment. This cuts down on set-up time, for instance preparing equipment and anaesthetising the patient, which can sometimes take longer than the operation itself. This would complement Super Saturdays to maximise the time medical professionals can spend undertaking complex operations.

With rising backlogs, a significant concern is the worsening conditions of patients waiting for treatment. This can result in further complications arising, which require even more extensive treatment or can have a detrimental effect on a patient's general health. If these cases were dealt with at the point of diagnosis, then they would

take up less medical capacity overall by being simpler and quicker to treat.

That is why **the NHS should expand same day operations for innovative procedures to allow for more patients to be treated through day case surgery**; this is already happening for hip replacement surgery in NHS Fife. This allows for more procedures, as day case surgery would allow for less complex procedures or less advanced diseases to be treated earlier, before a patient's condition worsens. This would have the additional benefit of reducing hospital stays, therefore freeing up beds for other patients.^{xii}

To further make better use of existing facilities we need to look at how they are being used outside of typical working hours, such as in the evenings and at weekends. During the Covid pandemic, we made every possible use of our facilities to vaccinate the population and given the scale of the winter crisis we are facing, we should again be taking that same emergency approach in the coming months.



As such, **we should introduce off-peak scanning to diagnose patients who have been facing the longest waits**. This would see facilities being made available for patient's scans in the evenings and at weekends, thus substantially increasing capacity. This would have the added benefit of suiting patients who find it difficult to get time off work or away from other responsibilities, to be able to attend appointments.

During the pandemic, we also saw the success of using drive-through clinics for Covid tests. We could reboot mobile testing for similar procedures, such as blood tests and ECGs. This could also be used to target some of Scotland's biggest killers, such as lung cancer, by placing mobile facilities in areas of high deprivation to

conduct CT scans. **Delivering a winter network of mobile and drive-through facilities** would have the additional benefit of moving some patient traffic away from hospitals and GP clinics, while at the same time allowing rural communities to access some testing closer to home.

Taken together, these measures would have a major benefit in increasing capacity to allow the NHS to tackle the worst waits and get through the unacceptable backlogs patients and staff are facing right now. If our NHS is to get through the current winter, then we need to maximise efficiency across our health service and ensure that patients are not left languishing on ever-growing waiting lists.

REDUCING THE PRESSURES ON PRIMARY CARE

Just as we need to increase capacity within the NHS, we also need to reduce the demand that our health service is facing. The rising waits in Scotland's A&E departments are a symptom of wider congestion across primary care.

One proven way to do this would be to provide patients with live information about the current treatment times across our NHS, and where they can access care and treatment with shorter waits. NHS trusts in South West England have introduced NHS Quicker, an app that, provides live updates on local waits for urgent care. This gives patients, who live close to multiple hospitals, the ability to make an informed choice about where they should go to be treated.^{xiii}

NHS Scotland should look to introduce an NHS Care App and website to allow patients to see live hospital waiting times. This would incentivise patients to spread themselves more evenly across our healthcare facilities, reducing uneven waits and the pressures on hospitals in high demand areas. The app would also allow patients to see where they are in the operations queue, therefore reducing the need for NHS staff to update patients over the phone on their time to treatment. It would save staff time, allowing resources to be better focused on treating patients and also improve transparency in our health service.

It is currently the case that every single prescription in Scotland must be hand signed by a GP. This means GPs must sign hundreds of these documents each week when two thirds of these are repeat prescriptions. This is a waste of time that could be better spent treating patients.

That is why **we should urgently introduce a full Electronic Repeat Prescription system in Scotland.** This would effectively copy the current prescription without the need for it to be signed again, thus allowing for prescribing without paper. This system was already rolled out in full across England in 2019 and was promised by the SNP Government more than a decade ago. The introduction of this system could save up to

a quarter of a million hours of GP and practice time per year, equating to up to 1.5 million appointments.^{xiv xv xvi}

In the first nine months of 2022, over 340,000 calls to NHS 24 were abandoned before the caller was able to speak to an operator, with the average wait being over 19 minutes. In one instance, a caller waited more than three hours to get through.^{xvii}

There should be a revamping of NHS 24's triaging system to ensure that the most serious patients are better able to get through to a handler. A better directed system would mean that patients who suspect they have serious conditions, where every minute counts, would be



fast tracked to a call handler as soon as possible. This would work in a similar manner to the triage system in A&E, where patients who need medical care most imminently are prioritised.^{xviii}

As stated earlier, the deterioration of a patient's condition while awaiting treatment is a growing risk with current backlogs being so long. In some cases, this can mean that a patient is no longer fit enough for treatment by the time they finally get an appointment.

There is a range of steps that patients can take to ensure that they are in as good a health as possible before they are operated on. That is why **we should be encouraging prehab to help those waiting for treatment to live well**

while waiting. That means providing them with information and support to enable them to live as healthy a lifestyle as possible, so that they are fit enough for treatment to be carried out. NHS Greater Manchester offers general health advice to patients awaiting procedures. Another potential example of this is using Hyaluronic Acid Injections to treat knee osteoarthritis while patients await surgery.^{xix xx}

Long Covid continues to have a major impact on our NHS and yet, we do not have the specialist service in place to manage it. Modelling by the Office of National Statistics has suggested that 173,000 Scots are currently suffering from the condition.^{xxi}

In June 2021, the Scottish Conservatives published a paper called “Treating Long Covid in Scotland”, where we called for the creation of a network of Long Covid clinics to offer specialised treatment for their complex needs. The SNP Government responded by setting aside a £10



million support fund. However, much of this funding still remains unallocated, and Scotland still does not have a dedicated service in place. We need to **set up a network of long Covid clinics to give patients the specialist treatment they need and reduce the pressure the condition is putting on the rest of the NHS.**^{xxii xxiii}

Finally, we cannot ignore staff welfare. Ensuring that healthcare staff receive the support and management they deserve is essential to maintaining morale and preventing them from burning out, becoming ill and ultimately leaving the profession. Hardworking NHS staff have already gone through the pandemic and are tired of being let down by the poor leadership offered by this SNP Government and system-wide failings. Our health service needs to be driven by a

healthy workforce who are properly rewarded for the crucial work they do.

While there are a range of medium-term interventions that need to be taken, such as on retention and safe staffing, there are also actions that we can take over the winter to better help staff to cope. This is especially important when there is a requirement to increase capacity to manage increased patient numbers.

A supportive culture should be established across the NHS to combat staff exhaustion and burn out. Staff working nights should be given access to nutritious, hot food and drink, and access to rest areas during breaks to keep energy levels high while on shift. Rota designs should be improved, such as minimising transitions between day and night shifts and prioritising forward rotating (day-evening-night) shift patterns. This is especially the case for junior doctors, who should receive their rotas with at least six weeks notice. Adequate recovery time should also be given after night shifts to re-establish normal sleeping patterns and consecutive long shifts should be reduced.

By taking effective action now, we can reduce the pressures on frontline healthcare professionals by better managing the inflow of patients and supporting staff. This is an essential ambition, if our NHS is to cope with the increased number of patients that we will see over the winter. Not only will it make for a happier, healthier workforce, but it will also mean that patients can access the treatment they need sooner.

TRANSFERRING PATIENTS BACK INTO OUR SOCIAL CARE SYSTEM AND HOMES

The pressures in our social care sector also have a direct impact on our NHS, as it means that patients cannot be transferred out of our health service when they no longer require treatment. Subsequently, healthcare professionals are spending time caring for patients who could be better looked after elsewhere. This is a drain on NHS resources and distracts away from patients who require medical attention.

We have previously expressed our opposition to the introduction of a National Care Service by the SNP Government. It would see £1.3 billion used for a bureaucratic overhaul of social care at a time when that funding is urgently needed for frontline services.^{xxiv}

Our NHS cannot wait up to four years for the introduction of a National Care Service, before this government gets to grips with record numbers of delayed discharges in our health service. We should be using existing resources to build capacity in our NHS and social care sector to allow for a more streamlined transfer of patients back into communities. Now is the time to focus on our health service and social care service recovery, not on a system wide overhaul that will cause major disruption.^{xxv}

Despite the threat of Covid being significantly reduced, much of the rules and guidance that were introduced at the height of the pandemic are still in force across our health service and are having a significant impact on hospital capacity. These protocols are still holding back our NHS and mean that we cannot make use of every available bed. There are at least 166 beds not being used across Scotland, while patients are having to lie in hospital corridors on trolleys. Data has shown that some hospital beds are still being reserved for those suffering from Covid-19, with the pandemic firmly in the rear-view mirror, this is no longer a good use of hospital space. **We need to repeal outdated Covid guidance, which is leading to perfectly good beds going unused in our hospitals.**^{xxvi}

Keeping a patient in a hospital bed when they do not require it costs the NHS £262 per day. This is a substantial amount of funding and substantially more than the cost of care being provided to the same person if they were being supported in their own home or another facility. **The NHS should look to fund interim care for patients as a stopgap measure, before a more permanent solution can be found.**

Interim Care would allow for patients to be discharged into their own homes, with support provided until a suitable care home can be found. This is especially important when there are no social care places available in the short term. This



would free up NHS facilities for patients who have urgent healthcare needs, while also saving money in the longer run.^{xxvii xxviii}

Elderly patients are more likely to have weakened physical and/or mental conditions which require them to access the NHS. A Health Foundation study found that patients better able to manage their mental and physical health were 49% less likely to require emergency admission and their length of stay in elective care was reduced by 41% compared to other patients.^{xxix}

The Reach team in NHS Forth Valley helps patients to rehabilitate themselves following a stay in hospital. This includes making necessary adaptations to their homes and living environments to ensure that they can better

look after themselves and that there is a support network of family and friends in place. **NHS Scotland should roll out and expand Reach teams across all health boards, to better allow elderly individuals to avoid having to return to hospital.**

Our NHS is also going to be under considerable pressure this winter, without having to care for patients who are only in hospital because there is nowhere else for them to go. As noted previously, patients left in hospitals can pick up infections, which can lead to them getting ill again and at worst, be a cause of death. By reducing delayed discharge from its current record levels, we can free up significant resources across our health service for coping with increased winter demands, while ensuring that patients stay healthy.

CONCLUSION

Our NHS is at the start of its worst ever winter. The fact that we have arrived at this point is an indication of the utter failure of Humza Yousaf to organise our health service, so that it is best placed to meet the challenges it faces.

However, it is never too late to make positive changes that can help professionals and patients. The ideas presented in this paper could all be implemented in the immediate term and would contribute towards tackling the high demand over the coming weeks and months.

If the SNP Government fail to act now to support our NHS, then the consequences of this healthcare crisis will lie at their feet. They have run Scotland's healthcare system for the last 15 years and, while Covid has had a substantial impact, many of the problems in our NHS predate the pandemic.

It is past time for the SNP Government to give Scotland's NHS the leadership it deserves and deliver a real winter recovery plan.

ENDNOTES

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