Scrutiny of the Draft Budget 2012-13 and Spending Review 2011

MS Society

The MS Society welcomes this opportunity to comment on the health spending set out in the government's Spending Review and Draft Budget. Whilst we are, of course, aware that public spending over the coming years is likely to be much reduced we believe this situation offers the government and key partners like the voluntary sector, an opportunity to think creatively about the provision of health and social care.

Preventative spending

A key aspect of the government’s future spending plans is a significant drive towards ‘preventative spending’. The MS Society believes it is important to define what exactly is meant by preventative spending. It is crucial that this drive does not translate as merely ‘cutting overall costs’.

MS is an incurable and often progressive condition. No amount of preventative spending will completely stop people with MS (PwMS) accessing health or social care services. Rather, preventative spending should enable PwMS to keep well for longer. For instance, an individual with MS will not stop having relapses. However, they can be helped to recover from a relapse quicker with the right medical and social support. The right support at the right time can help people remain in work for longer or live independently for as long as possible. Helping people with MS stay in employment can and should be a significant component of preventative spending.

Preventative spending must then focus on outcomes with a view to empowering individuals to manage their own condition with the support they choose.

We welcome the government’s support for transparent performance reporting and the recognition that the public is entitled to see how public resources are being spent. We would welcome further detail on this. Our experience to date of attempting to gauge the performance of Health Boards against the Clinical Standards for Neurological Services has not been encouraging. In addition, as services focus on achieving outcomes, we would welcome detail on what constitutes a meaningful measure of performance?

The health budget and social care

The MS Society welcomes the government’s decision to allocate the full health revenue Barnett consequential to the health budget for the period 2012-13 and 2014-2015. We realise, however, that in the coming years the NHS will remain subject to increased financial pressures.

During this period we would urge health boards to maintain specialist MS posts. MS nurses for instance, provide a range of services (clinical,
information, education, research, administration to name a few) which would otherwise often have to be dealt with by a consultant neurologist, a GP or an A&E department – resources that are considerably more expensive than an MS nurse. Moreover, we know that specialists are highly valued by PwMS who feel that the quality of care they receive is higher from someone with a specialist knowledge of their condition.

We should stress, however, that for PwMS and their families, maintaining good ‘health’ requires more than accessing services provided by the NHS. We are extremely concerned by changes to the provision of social care. We are aware, for instance, that in some local authority areas those receiving lower levels of support have been told that they will no longer be eligible for services because their needs are not high enough. We believe short-term decision-making in a bid to save costs of this sort has the potential to significantly undermine broader efforts to pursue a preventative spending approach.

These elements of care can help a person stay emotionally and physically independent for longer; taking this provision away could arguably lead to a more rapid deterioration in someone’s condition and cause huge amounts of emotional distress – something which we know can also make a person’s MS worse. As the Committee is no doubt aware, these changes come at a time when access to disability benefits is also becoming more difficult.

Frustrations are increased further by the differences in eligibility and charging criteria for social care between local authorities. We of course, understand the importance of local democracy but when does acceptable variation become inequality? A caller to our helpline recently asked, “Where is the best place to live in Scotland if you have MS”?

Integration of health and social care

People with MS frequently express concerns regarding the lack of integrated services between health and social care. A person experiencing a relapse may require treatment from an MS nurse but their relapse may also have caused, for instance, mobility problems meaning they also require support to get dressed or need adaptations to their home. In addition, it is important to bear in mind that MS can be a fluctuating and unpredictable condition. PwMS, therefore, may require support only sporadically but perhaps quite suddenly - individuals must be able to access equipment or make interim arrangements easily so that their needs are met without undue delay. It is vital for PwMS then that there is a shared knowledge and understanding of their condition by both health and social care professionals.

We welcome, therefore, action to integrate health and social care services. The decision to continue to fund the Change Fund is an important sign of the government’s commitment to this process but we hope that the new approaches resourced by the Change Fund will impact across all age groups and are not just focused on older people’s services; many PwMS are diagnosed between the ages of 20 and 40.
We would also stress that the integration of health and social care goes beyond organisational structures. The working culture of those organisations must also adapt too. Preventative spending will only work with the willingness of professionals to look at care and how it is delivered in a new way. In this context we look forward to the evaluation of the Integrated Resource Framework test sites.

Self management

Supported self management has been mentioned by the government as a form of preventative spending. Self management can bring about changes in how individuals use public services. This does not mean of course that PwMS who self manage will not need to see their specialist nurse or require support from social services. Rather, self management can avoid unnecessary high-cost care by preventing crises and hospital admissions as well as improving adherence to medication.

Often there are more benefits to a person’s quality of life than there are savings to a health board or local authority. It should be stressed then that supported self management is not about reducing costs in the short term but making the most cost-effective use of resources available.

Self Directed Support

Self Directed Support (SDS) is arguably another method of gaining the best outcomes from available resources.

With the increasing integration of health and social care services, as well as the government’s drive to make services more person-centred, the MS Society is keen for health monies to be included in a person’s self-directed support. At the most recent consultation stage the draft Bill on Self Directed Support would apply only to local authorities. As closer integration is envisaged we would encourage SDS to extend beyond local authority budgets. A project involving people with MS in NHS Lothian may provide evidence as to how successful health outcomes can be achieved through SDS. An evaluation of this test site is expected next summer.

Carers

The MS Society welcomes the government’s commitment to dedicate at least 20% of the Change Fund to supporting carers to care. Along with disabled people themselves, carers are likely to be adversely affected by the planned changes to disability benefits as well as the changes to social care services. It is important to note at this point that carers’ assessments are still not widely available despite several different initiatives to improve access. We would encourage extending self management techniques and self directed support to carers. It is vital that carers are given support to reduce stress and make their role as carers sustainable.
Free Prescriptions

The MS Society welcomes free prescriptions. PwMS often need a range of medication to treat the symptoms of their condition. It is important that as disability benefits are being cut medication remains free.

Conclusion

Current economic pressures present considerable challenges but also opportunities for the delivery of health and social care services in Scotland. The idea of preventative health spending has been on the agenda of the Scottish Government (both this and previous administrations) for some time but does not appear, as yet, to have extended much beyond tinkering.

In the difficult decisions that lie ahead we would propose that several considerations and questions be borne in mind as these matters are debated:

- Successful approaches are likely to be tailored to specific conditions and indeed to individuals – this is a chance to start to make a reality of the ‘personalisation’ of services
- We must be clear about what we are seeking to prevent (hospital admissions, future expenditure, incidence of disease?) and the implications of that for the design and planning of service provision
- Insofar as possible, health spending should not be viewed in isolation but in conjunction with other aspects of government expenditure that contribute to individual and communal wellbeing
- Justifying reallocations from existing programmes of expenditure will be easiest and most beneficial in circumstances where there is solid evidence to support the proposed preventative expenditure

About MS and the MS Society

- Multiple sclerosis (MS) is the most common disabling neurological condition affecting young adults, and more than 100,000 people in the UK have MS.
- The MS Society is the UK’s largest charity dedicated to supporting everyone whose life is affected by MS and exists to help people living with MS across the UK by funding research, providing high quality information and support and raising standards of care.

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