Thank you for giving NHS National Services Scotland (NSS) the opportunity to respond to this call for evidence. NSS has already commented on proposals for preventative spend (see Appendix) and is supportive of this approach towards public health improvement and the focus on early years.

1. NSS welcomes the retained budget for Health Protection within the budget. However, we note that much action for public health (improvement and protection) is undertaken by agencies other than health, such as education and local authority environmental health. We believe it is possible that a reduction in budget for these areas might impact adversely on the public health, rather than health care.

2. We have concerns about the application of differential uplifts and efficiency targets to Territorial Health Boards, ‘Clinical’ National Boards (Scottish Ambulance Service, Golden Jubilee National Hospital, NHS24, The State Hospital) and other National Health Boards (NSS, NHS Health Scotland, Health Improvement Scotland, NHS Education for Scotland). Not every activity in a Territorial Health Board or “Clinical” National Board is clinical and not every activity in the other National Health Boards is non-clinical. The idea of differential targets for clinical and non-clinical services is sound, but to apply this idea at a ‘whole health board’ level is not.

3. For example, there is a lower uplift given to specialist and screening services which are commissioned by NSS on behalf of NHSScotland but the services are provided by specific local NHS Boards. This may force those providing NHS Boards to make differential cost reductions in these services relative to routine healthcare services as the uplift to these services will be lower. It would not be consistent with Government policy on detecting cancer early to have disproportionate funding, e.g. in breast cancer screening services. Another example would be specialist cardiac services, provided on a national basis, where any reduction in funding would be counter to the approved cardiac strategy to extend the advanced heart failure service. Any funding differential is also likely to increase significantly in subsequent years.

4. Rolling out new initiatives or expanding existing ones (e.g. health checks) in a time of reducing real-term available finance must be based on the new activities providing greater benefit versus cost than the ones which will need to be reduced or removed to fund them. This type of analysis is presumably being carried out.

5. Curtailing capital spend may not provide the lowest cost solutions. The budget clearly sets out a recognition that monies will need to be vired from revenue to capital. The Spending Review should also be open to the idea that further virements may make sense if the benefit in terms of project
cost reduction and/or healthcare quality outcomes outweighs the lost service value from the monies which need to be vired from revenue spend.

6. NSS would welcome more detail in table 7.03 on the £115m of ‘miscellaneous other services’, particularly as this spend does not reduce between 2011/12 and 2014/15.

7. Shared services which would also provide opportunities for savings across the NHS are not mentioned in Chapter 7 and neither is structural change of NHS entities. We are unaware of any formal target or plan for these or a process to develop either.

Dr Marion Bain, Medical Director
Ian Crichton, Chief Executive
NHS National Services Scotland
18 October 2011
Dear Colleague

DRAFT BUDGET FOR 2012/13: CALL FOR EVIDENCE

Thank you for giving NHS National Services Scotland (NSS) the opportunity to respond to this call for evidence. This response is based on contributions from our Public Health Professionals, Medical Director and Director of Finance. It reflects general comments and suggestions on preventative spending and the work undertaken to date by Scottish Government. There are several areas where NSS has a particular contribution to preventative services and these are noted.

8. **Investment needs to be based on evidence.** It should not be assumed that prevention is always better than cure. Preventative actions should have a clear evidence base.

9. The Chief Medical Officer’s paper focuses on alcohol, smoking and obesity with only a paragraph at the end about vaccination. It would be valuable to have more about **evidence based screening and immunisation activity**, e.g. in relation to child health. This is an area in which NSS plays a significant role.

10. The **preventive health impact of investments** in **non health fields** such as transport, urban planning and business regulation should be considered more. The evidence here is not always easy to find, but there is some evidence available (e.g. about the impact of public transport provision and urban design on walking, cycling and recreation; about the impact of advertising, marketing and universal availability of energy dense food on obesity; about the negative influence of low alcohol prices on alcohol
related harm). The role for non-health departments in improving health should be fully considered.

11. The requirement for health information should be considered. Information is essential in both identifying areas to focus preventative action and in monitoring progress. Investment must include the information requirements, some of which may be new data collection. NSS would anticipate having a major role in this through our Information Services Division which already has significant expertise in this area.

12. It is worth noting that in addition to the focus on preventing disease occurring in the first place, lifestyle factors can also reduce the effectiveness of treatment, resulting in more complications, higher costs and worse outcomes. For example, smoking results in a higher risk of post-operative complications (e.g. infection), and reduces the effectiveness of radiotherapy and chemotherapy in some patients with cancer.

13. Both length and quality of life are important. There should be a clearer focus on preventing premature death and increasing Healthy Life Expectancy.

14. Economic analyses in this area tend to focus on NHS costs rather than overall societal costs. Consideration should be given to assessing the wider range of costs wherever possible.

15. Attention should be given to the priority that the NHS gives to preventative health. NHS Scotland focuses most of its attention and energies on secondary health care. Consideration should be given on how to ensure that preventative health receives appropriate attention, priority and resources.

If you would like clarification on any of the comments made, please contact Dr Marion Bain, Medical Director, on 0131 275 6887.

Yours sincerely

IAN CRICHTON
Chief Executive

c.c. Dr Marion Bain