

Draft Budget 2018-19
British Medical Association Scotland

Scotland

The British Medical Association is a politically neutral registered trade union and professional association representing doctors from all branches of medicine. The BMA has a total membership of over 168,000. In Scotland, the BMA represents over 16,000 members.

We welcome the opportunity to provide written evidence to the Health and Sport Committee ahead of the 2018-19 draft budget.

Do you consider that the Scottish Government's health and sport budget for 2017-18 reflects its stated priorities (as set out in the National Performance Framework, the LDP standards and the National health and wellbeing outcomes)? If not, how could the budget be adjusted to better reflect priorities?

Priorities and funding

The BMA has warned repeatedly that as more people in Scotland live longer lives, the gap between NHS resources and growing demand is increasing at a greater and greater pace. It is projected that between 2012 and 2037 the proportion of Scotland's population aged over 75 will have increased by 86 per cent¹ and many in this age group will have complex care needs.

This gap between available resources and demand is not an abstract problem for future years, but an urgent reality that is causing services across Scotland to deteriorate.

Each year that health service resources fall short of patient needs makes it more difficult for the NHS to successfully meet the Scottish Government's various priorities and targets. While this funding gap exists across the UK and is not unique to Scotland, there needs to be a greater public understanding of the consequences of continued austerity on the NHS. Austerity also widens inequalities, with a direct impact on the income and health of many of the poorest people in the country.

When insufficient resources are available to the NHS, performance against targets inevitably becomes more difficult. It is important that the response to such deterioration in performance when it occurs is not simply to increase the pressure on overstretched staff to meet targets.

Such pressure risks skewing clinical decision making, rather than decisions about patient care always being made in response to clinical priority.

Community Based Care

¹ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/population-projections-scotland/2012-based/list-of-figures>

The Scottish Government's 2020 vision set out an intended direction of travel in Scotland's health service towards more care being provided at home or in a homely setting. However, achieving such a shift in where care is provided while maintaining quality standards against a backdrop of increasing demand and limited resources is extremely challenging.

Moving aspects of services into community settings requires sufficient capacity to first exist in community health services before any shift can be contemplated. This essentially means paying for a service twice in the interim to ensure that patients do not suffer from any lack of continuity.

Additionally, many secondary care services operate with fixed costs meaning that marginal reductions in demand for a specific service do not free up resources that can subsequently be redeployed to community settings. Reducing bed days is not the same as reducing bed numbers.

The fact that Scotland's health needs are not static, but rather increasing as Scotland's population ages, also means that even if shifts to delivering more services in community settings are achieved, overall demands on secondary care may still increase in coming years rather than reduce.

Both community based care and secondary care will therefore need substantial additional financial and staff resources in years ahead and clarity is needed as to how greater community care will be achieved without further under resourcing hospital based services.

Alcohol and Drug Partnerships

The 2016/17 budget saw funding to local Alcohol and Drug Partnerships (ADPs) fall by around 22%, with no move to restore these funds in the 2017/18 budget. ADPs are responsible for commissioning local treatment and support services for people with alcohol or drug problems and a funding reduction of this magnitude has posed significant difficulties for such services.

Reducing the funds available for such support services is a false economy, which will only increase pressures on the health service and general practice in particular.

It is hard to see how this decision is compatible with the Scottish Government's stated priorities in relation to reducing alcohol harm. Funding to ADPs should be restored to 2015/16 levels in the next Scottish budget.

For the health and sport budget for 2018-19 where do you suggest any additional resources could be most effectively deployed and where could any further savings be found? What evidence supports your views?

General Practice

The Scottish Government has announced that by the end of this parliament, an additional £500m per year will be spent on primary care. Of this additional funding, £250m will be in direct support of general practice².

To reach this level of additional annual expenditure, it is clear that spending on primary care will need to increase in each year of this parliament, although these increases may be largest in the later years of this parliamentary term.

What is essential is that the bulk of these additional funds are not diverted into short-term one off projects, but are instead used for sustainable, recurring spending. If the Scottish Government and BMA's shared vision³ for general practice is to be realised, a substantial proportion of these funds will be needed to train, recruit and employ additional community healthcare professionals who will be members of expanded primary care teams.

Pay Restraint

Like the rest of the public sector, NHS staff have been subject to below inflation pay increases of no more than 1% for several years. This means that in real terms, NHS staff incomes have reduced steadily throughout this time.

This long period of pay restraint contributes to the problems in recruitment & retention in Scotland's NHS and has a negative impact on staff morale, with many feeling undervalued at a time when they are facing unprecedented workloads.

With inflation rising, the 1% public sector pay cap cannot be sustained any longer and resources need to be found to bring it to an end. It is welcome that the Scottish Government has announced its intention to end the 1% public sector pay cap⁴, and we will look for this to be carried forward at the earliest possible opportunity.

It is also an ongoing source of concern that the Scottish Government has consistently ignored the recommendations of the DDRB when it comes to distinction awards and discretionary points.

Distinction awards are long-standing elements of the defined pay structure for consultants, but have been frozen in value Scotland since 2010 and cannot be awarded to anyone who is not an existing award holder. Discretionary points are still awarded, but the Scottish Government has rejected DDRB recommendations that their value be uplifted.

This situation undermines the attractiveness of working in Scotland relative to other parts of the UK where comparable elements of the consultant pay structure have continued. The most recent available figures showed that there was a 7.4% vacancy rate for consultant posts in Scotland, with almost half of these vacant for more than six months⁵.

² <http://www.gov.scot/Publications/2017/05/2382/3>

³ <http://www.gov.scot/Publications/2016/11/7258/0>

⁴ <https://news.gov.scot/news/public-sector-pay-cap>

⁵ <http://www.isdscotland.org/Health-Topics/Workforce/Publications/data-tables2017.asp?id=1922#1922>

Is sufficient information available to support scrutiny of the Scottish Government's health and sport budget? If not, what additional information would help support budget scrutiny?

A recent report by the Nuffield Trust highlighted the lack of a multi-year national analysis of how much will be invested in health, how much needs to be saved and what services may be undeliverable as a result⁶.

This absence of such an analysis can make it difficult to assess the extent to which boards are making short-term decisions in response to the state of their finances in an individual year or longer-term strategic decisions.

While the nature of the devolved budget may make such multi-year planning a challenge, scrutiny of the health and sport budget would be greatly aided if such an approach was taken.

What impact has the integration of health and social care budgets had on ensuring resources are directed at achieving the Scottish Government's desired outcomes?

Integration is broadly accepted as the right direction of travel for decision making in health and social care. However, there needs to be realism over the often articulated belief that integration alone will lead to reduced unscheduled hospital admissions or fewer delayed discharges

As has already been discussed in this submission, demands on Scotland's health and care services are increasing and available resources are not keeping pace. This means that boards are being faced with decisions over where to direct insufficient resources, rather than being able to make choices that fully meet local needs.

Until such time as there are sufficient resources to meet the extent of demand on Scotland's health and care services, the ability of boards to successfully allocate resources in a way that meets hoped for outcomes will be limited.

⁶ <https://www.nuffieldtrust.org.uk/files/2017-07/learning-from-scotland-s-nhs-final.pdf>