Preventative Agenda Inquiry - Call for Views

The call for views seeks input on the following four questions:

Which areas of preventative spending/ the preventative agenda would it be most useful for the Health and Sport Committee to investigate?

I think it would be really good to investigate measures which can be taken to prevent hospital admission. To a significant degree, Scottish Government policy rests on the notion that more robust primary and community care can reduce demand for secondary care. There is some evidence that actions designed to improve efficiency in respect of discharge work – such as reablement – but it’s less clear what actions have been capable of actually reducing A&E attendance and admission to hospital.

How can health boards and integrative authorities overcome the (financial and political) pressures that lead to reactive spending/ a focus on fulfilling only statutory duties and targets, to initiate and maintain preventative spend?

The reality is that this is extremely difficult. The IJB and Health Board in Western Isles have been disciplined in using the change fund resources to support transformation but there are real questions about the pace and significance of this work when we’re also trying to take millions of pounds of savings out of the system. A core issue in the Western Isles is capacity. As a small partnership area, we’ve rightly got a lean management structure – but that reduces the capacity that can be devoted to these competing pressures of transformation and efficiencies at the same time as delivery.

How could spend that is deemed to be preventative be identified and tracked more effectively? What is required in terms of data, evidence and evaluation to test interventions for producing ‘best value for money’?

We have a good understanding of the rationale and purpose of the blocks of money that we’re directing at transformation. However, there is an argument that we need to do more locally and nationally to trace the impact of that. The national reviews of health and social care targets and indicators provides a good opportunity to reframe targets at prevention and transformation, as well as system effectiveness.

How can the shift of spending from reactive/acute services to primary/preventative services be speeded up and/or incentivised?

Despite our best efforts, and ongoing development and support in primary and community care, demand for emergency care is consistently above that which was predicted. Is this the demographic predictors and trends now manifesting themselves?