

# We must continue to innovate Scotland's healthcare system



## ANALYSIS

The future sustainability of the NHS cannot be achieved on what we have always done in the past, writes **Derek Bell**

EVERYONE agrees that the Scottish health system is a precious resource, and many other countries envy what we can deliver for the money we invest. However, this doesn't mean that we shouldn't challenge the status quo and look for innovative and progressive solutions to our healthcare challenges.

The NHS in Scotland, despite what some may believe, has changed dramatically since its inception with improved diagnosis, treatment and patient outcomes. Yet we are not without our challenges – some of which remain unresolved or only partially resolved – including equity of access to healthcare services across all demographics, equality of health outcomes particularly in areas of social and economic deprivation, and multiple public health issues including the current drug deaths crisis. And as people live for longer often with multiple health conditions (which is to be celebrated!), all Western health systems face the challenges of treating complex illnesses, and caring for more people with health problems in general. I believe that Scotland should be open to examining options for meeting these challenges from healthcare systems in other countries, as well as being in a position to share our own best practice.

As our NHS tackles these challenges, we will need to continue designing and developing sustainable solutions backed by best practice.

Innovation in healthcare must be targeted to meet the needs of the population in Scotland, and we must plan for the future rather than rely on short-term solutions to the challenges we face. It is vital that the undoubted excellence in our medical schools and universities in Scotland is fully harnessed to achieve this.

The College wants to work with the Scottish Government to ensure that initiatives which are currently being pursued in the NHS have strong evidence to support them, are thoroughly evaluated for outcome, and will lead to solid and sustainable improvements in the long term. The governance structures in the NHS in Scotland must be reinforced and maintained and the NHS must also be willing and able to adopt new technologies. Ensuring the future sustainability of the NHS cannot be achieved by simply doing what we have always done in the past.

Scotland has a proud track record of influencing public behaviour and attitudes in many areas of public health, taking action on smoking and alcohol related harm for example. But we continue to have public health challenges in Scotland, including a high rate of drug deaths. Tackling drug abuse will be a major focus for the next decade and requires a holistic, whole systems approach.

The debate on public health must be “de-politicised”. We must

simultaneously find a way of increasing public engagement in considering the future of the NHS, that can focus on the true cost of delivering healthcare, and which enables public involvement in the design of health and social care. True social engagement will be key to rebalancing our health and care system in Scotland, providing quality care and ensuring that we have a world-leading health environment. This requires honest and intelligent use of data to show progress and highlight areas for improvement.

It is difficult to imagine 21st-century healthcare being delivered without more rapid and consistent integration of health and social care. True financial integration between health boards and local authorities with clear lines of responsibility will be an essential step. This will require professional, organisational and political will across the board.

Achieving this would undoubtedly place Scotland in a world-leading position, but it will at least require investment in the transition phases as services change and adapt for both population and patient need. As such,

a cross-party consensus on the future of the NHS in Scotland is essential.

As President of a Royal College representing thousands of doctors in Scotland and around the world, I believe it is essential that staff at all levels are valued for their hard work

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and contribution to patient care. The GMC recently conducted its National Training Surveys of trainees and trainers and its findings suggest that urgent reform is needed on doctors' rotas, workload, time for training and improving the working environment. According to the annual Physicians' Census, over a third of Scottish doctors (34%) reported that trainee rota gaps appeared at least daily. Measures like more humane rota design, and steps to improve workplace culture can all improve the morale of the workforce.

These challenges are serious and none of the solutions are straightforward. But neither was creating the NHS in the first place. Evolving our system for the 21st century will not be easy. Innovation in the NHS will be vital in that regard and we must prepare our NHS for the challenges ahead. This means stable funding solutions, investing in the workforce, integrating health and social care, and continuing Scotland's rich history in tackling major public health issues.

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