

Response from the Royal College of Physicians of Edinburgh to the Scottish Parliament's Health, Social Care and Sport Committee Pre-Budget Scrutiny 2024-25

Budget Scrutiny Questions.

Budget context.

The Scottish Government's [Medium-Term Financial Strategy](#) identifies planned increases of 4% per year in real terms for health and social care over the next four years:

How would you see these planned budget increases meeting the various challenges facing health and social care over the next four years, including:

- Addressing the treatment backlog
- The planned creation of a National Care Service
- Cost and demand pressures in areas such as NHS pay, drug costs and demographic pressures?

Fellows of the Royal College of Physicians of Edinburgh (RCPE) who responded to the call for views on this topic generally felt that the planned increase was unlikely to meet the significant challenges facing health and social care over this period.

Fellows emphasised the severity of these challenges as demand for services will likely continue to rise and more patients will likely develop and present with complex conditions and multimorbidities. In addition to the challenges listed, Fellows highlighted the severe workforce challenges facing all parts of the health and social care workforce including among physicians. Spend by NHS Boards on agency and locum staff as a result of workforce challenges remains significant.

In particular, Fellows considered that the planned increases in spending would be insufficient to make the required transformative changes required to attract people to work in social care and to improve the rates of pay for social care staff.. Without tackling social care capacity, issues like delayed discharges will continue to impact on patient flow in the acute hospital sector.

Longer-term outlook

Challenging decisions lie ahead in relation to health and social care spending. Pressures result from demographics, pay, technology and drugs, but opportunities also exist through use of artificial intelligence and service re-design.

- Given the short-term and immediate pressures on the health and social care system, how can the Scottish Government take the more radical decisions required around service redesign, or reducing/stopping existing services?
- Is there any evidence of longer-term thinking in budgeting for health and social care, either in Scotland or elsewhere in the UK or abroad?

Fellows consider that significantly more emphasis and investment needs to be put into prevention in a coordinated approach across all of the social determinants of health. Prevention could improve population health and consequently reduce some demand on NHS services in future.

Fellows believe that the Scottish Government should initiate a broad and comprehensive debate about the current and future demands on our health service, the anticipated costs of these and what priorities should be. This debate should also set out the evidence base for preventative health policies and the Scottish Government should continue to highlight the important Realistic Medicine agenda. Further debate is required to better educate the public to prepare for older age and to more readily understand older age, including frailty, as a normal part of one's life course.

With regard to service redesign, Fellows emphasised that local knowledge and solutions must be considered in partnership with national oversight. The principle of spending to save must also be recognised.

Financial Sustainability

The Scottish Government expects NHS Boards to reach a break-even position within three years, although a number of boards are still requiring additional support in order to achieve this. Despite increasing budgets, there is general agreement that service redesign will be required in order to deliver services effectively.

- Is the achievement of financial sustainability a realistic prospect in the face of continuing pressures around pay costs, treatment costs and rising demand?
- How can or should any additional health and social care funding be directed to support alternative models of service delivery?

Fellows are in doubt as to whether all NHS Boards will be able to reach a break-even position within three years, given the well-known challenges facing health and social care.

While Fellows understand that alternative models of service delivery should always be considered carefully and will play an important part going forward, they consider that, fundamentally, investment should also be prioritised into tackling recruitment shortages and improving staff retention within health and social care. Pay is an important part of this but issues around improving terms and conditions at work must also be addressed. Tackling the NHS' workforce challenges is a key way of reducing waiting lists, providing improved patient care and influencing better outcomes.

Additional support for healthcare trainees, such a “junior” doctors, is also very important. We need to allow them to rotate to rural and remote healthcare settings so assistance with travel, accommodation and study leave is required.

Health and social care outcomes

In relation to health and social care, a range of different performance frameworks and targets exist, including the [National Performance Framework](#), [Local Delivery Plan \(LDP\) standards](#), the '[National health and wellbeing outcomes](#)' and the [Wellbeing Economy Monitor](#).

How should health and social care budgets be prioritised in this landscape of multiple frameworks and targets and which targets or outcomes should take precedence?

The Scottish Government should aim, working across governmental portfolios, to embed evidence-based preventative health policies across all relevant performance frameworks and targets. These are integral to improving future population health and therefore important for the entire Scottish public sector. Budgets should be prioritised for proven long-term preventative strategies and incentives that self-empower individual improvement in health.