SCOTTISH LABOUR PARTY DEBATE: SCOTLAND’S HEALTH SERVICE,  
08.05.13

Introduction

RCN Scotland welcomes this debate and the opportunity it affords to review how Scotland is planning the provision of healthcare services now and into the future.

The Scottish Government has stated that, if the current model for the provision of health and social care were to stay the same, and demand increased in line with the growth in the older population, “we would require an annual increase in investment in health and social care services alone of £1.1 billion by 2016”\(^1\). Clearly, given the current economic position, continuing with current models of care is not a viable option. The Cabinet Secretary’s recent comments that “we are still going to need the same number of beds, the same number of hospitals, the same number of doctors and nurses just to stand still” helpfully reopens the debate on the sustainability of current healthcare planning assumptions.

Fourth generation – frail and elderly

The success of enjoying a longer life is often accompanied by the reality of living with one or more health condition. The care required for older people with escalating health needs, often requiring multiple treatments, can be highly complex. And, with the drive to provide far more care close to home, this means that older people will need to have access to staff both within and beyond the hospital setting. There is also a rapidly-growing section of society which is being called the ‘fourth generation’ - those in their mid-80s or over, many of whom are frail as well as elderly. While there is currently insufficient evidence to truly understand their healthcare needs, it is clear that when they do need to go into hospital, they are likely to need to be there for longer and require more treatment from clinicians who do understand their healthcare needs. They will also require more intensive clinical support to stay independent at home.

Managing the transition

As has been acknowledged by the Cabinet Secretary, the transition from acute care to greater emphasis on care in the community has not always, to date, been managed well. The reality is that Scotland’s health service is under unprecedented strain.

For the past year, the RCN has been monitoring the many pressures building up within our NHS, because of our concerns about the number of staff on hospital wards and the capacity to deal with patient demand. Some - but not all - boards have already begun to recognise that they’ve cut their workforce too far, too fast. The situation is the same in the community.

By 2033 the number of people over 75 is projected to expand by 84%. The sheer rise in expected numbers of people living into older age with health and support needs will place both capacity and financial pressures on health and social care services.

While there is some evidence that money is moving from hospitals out to our community services, much more focused planning and investment is needed if the Government’s aim of treating people at or close to home is to be met.

Planning services for the future

In May 2012 an article in the Lancet\(^2\) showed that the prevalence of multi-morbidity - that is, the number of individuals living with two or more health conditions - increases exponentially with age. It is present in almost 65% of those aged 65-84, and in over 80% of those aged over 85 (the so-called ‘fourth generation’).

Multi-morbidity is associated with high mortality, reduced independence, and increased use of healthcare. The article states that the findings “challenge the current […] framework by which most health care, medical research, and medical education is configured”, which is currently geared towards treating individual conditions, rather than the complexity of multiple conditions. The report also suggests that “a complementary strategy is needed” which supports “clincians to provide personalised, comprehensive continuity of care, especially in socioeconomically deprived areas.”
There is now widespread recognition of the effect that demographic change will have on Scotland’s health service. With what we now know relating to the added pressures associated with multimorbidity, there is an urgent need to reassess how we plan services now and in the future. This will require brave decision making on the part of employers and politicians. As the Finance Committee noted in its report on demographic change in March, ‘shifting the balance of care will require a shift in resources which may not always be popular and recommends the need to build a political consensus around this issue which will require strong leadership from both the Scottish Government and the Scottish Parliament.’

Workforce planning

We continue to support the ambition behind the 20:20 vision and are working with the Scottish Government to address issues with the existing data relating to the community workforce. Until this is resolved, there will not be an accurate national picture of the existing community nursing workforce to influence and shape future plans.

The future workforce will need to evolve to meet anticipated needs set out in this briefing, as well as the policy direction to shift the balance of care and integrate services. We need to be assured that assumptions of need, clinical complexity and dependency on which workforce plans, and the development of clinical roles, are based are as robust as possible. A realistic workforce strategy should address the development of workforce capacity and clinical capability to deliver services to an ageing population with increasingly complex needs across the full pathway of care.

We know that some work is underway to address future workforce needs. For example, the Chief Nursing Officer is currently undertaking a review of nursing education and the Government is focussing on pan-Scotland workforce planning. We welcome this work, but we have yet to see succession planning for advanced and specialist nursing roles in the community being adequately reflected in local NHS board workforce plans. Multiple studies have shown such nurses to provide highly effective and cost-effective care. Nor have we yet seen the effective joining up of medium to long-term joint planning for the wider clinical workforce (e.g. between the nursing and medical workforce). These issues must be addressed as a matter of urgency.

Finding solutions

There is no easy answer to the problems facing Scotland’s health service. We have to address both the processes (such as boarding, delayed discharges, waiting times), and make sure we have enough staff, beds and resources in the right place, at the right time, to deal with increasing demand from more people who are living with increasingly complex health conditions. The complexity of issues requires a similarly complex debate, and a response that will require the NHS, Government, local government and all other health care providers to work together to come up with solutions that will meet the needs of our ageing population.

If you would like to discuss the briefing in any more detail, please contact Kelsie Pettit, Parliamentary and Media Officer, at kelsie-lee.pettit@rcn.org.uk or call 0131 662 6172.

1 The Scottish Government Reshaping Care for Older People: a programme for change 2011-2021, 2011
3 See for example: British Heart Foundation, Specialist Nurses – changing the face of cardiac care, 2010; Royal College of Nursing, Clinical Nurse Specialists: Long Term Neurological Conditions – A good practice guide to the development of the multidisciplinary team and the value of the specialist nurse, 2009adding value to care, 2010, and RCN et al