

# The NHS in Scotland after the referendum

Richard Simpson

Shadow Public Health Minister

FRCGP FRCPsych

# Scotland's NHS

- 1997
  - 45 Trusts and boards
- 2000
  - 14 area Health Boards 9 special Boards
- 2003
  - 44 Community Health Partnerships
- 2015
  - 32 Community Health and Social Care Partnerships

# Scotland's NHS

- Collaborative and cooperative model
- Managed Care Networks
  - National : Brain Tumour
  - Regional : three Cancer Networks
  - Local : Diabetic networks
- Staff partnership
- **20/20 vision** consensus across parties

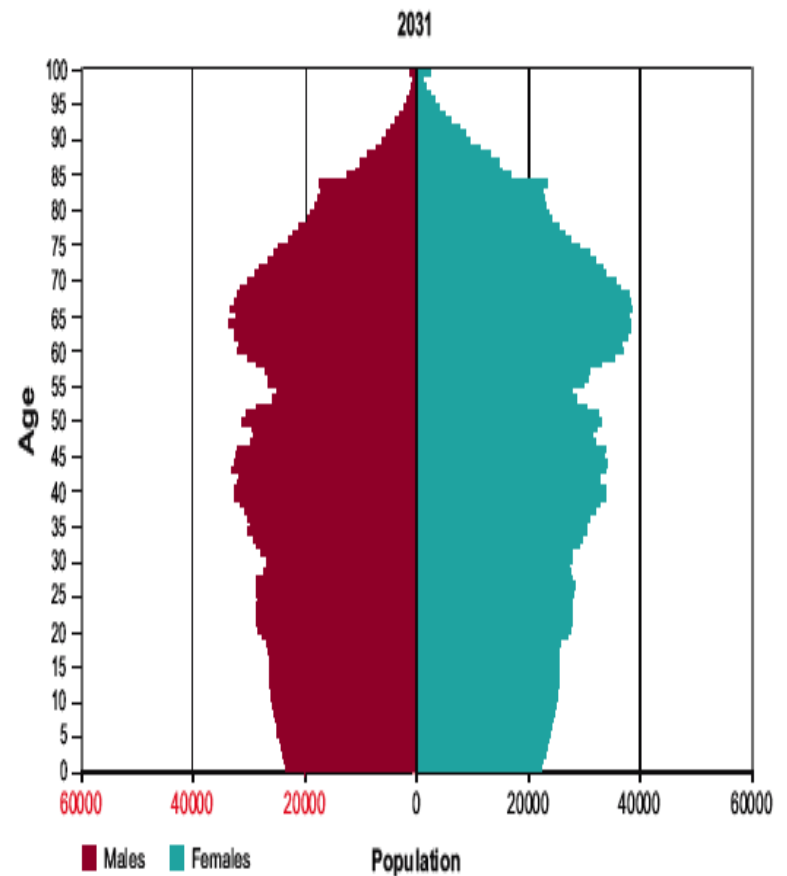
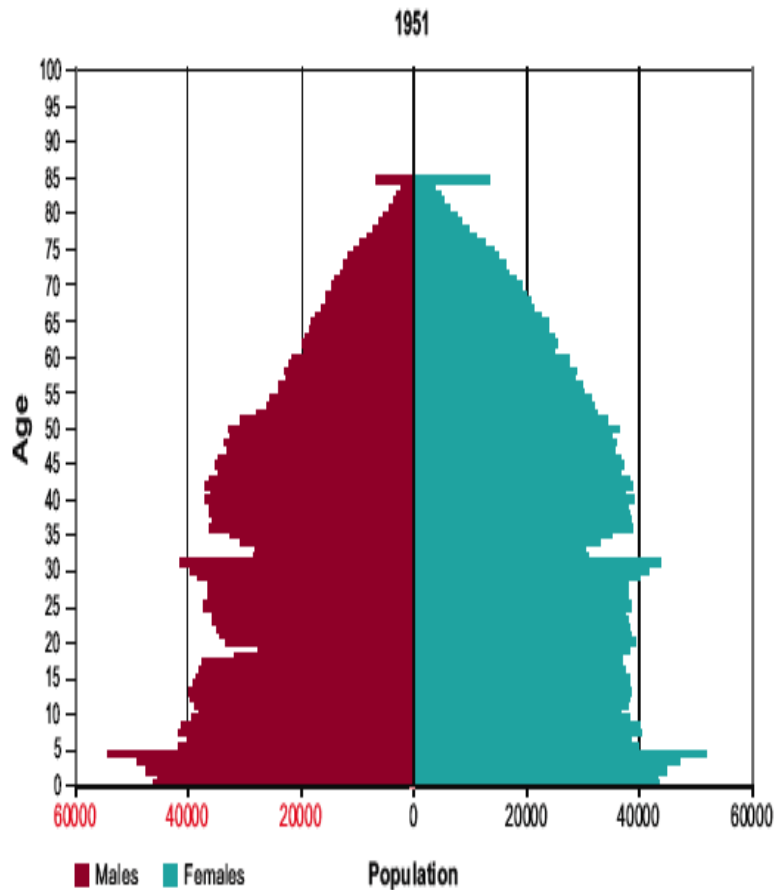
**“Government remains the dominant architect and provider of public services. This often results in 'top-down', producer- and institution-focussed approaches where the interests of organisations and professional groups come before those of the public.”**

**Contributions from other sources are under developed. Individuals, communities, businesses, voluntary organisations, social enterprises and charities all have resources and capacities that could be utilised more fully.”**

# Challenges

- Demographics
- Mirage of Health
- Societal
- Health Inequalities
- Health and Social care
- Austerity
- Medical advances

# Age distribution Scotland 1951 2031



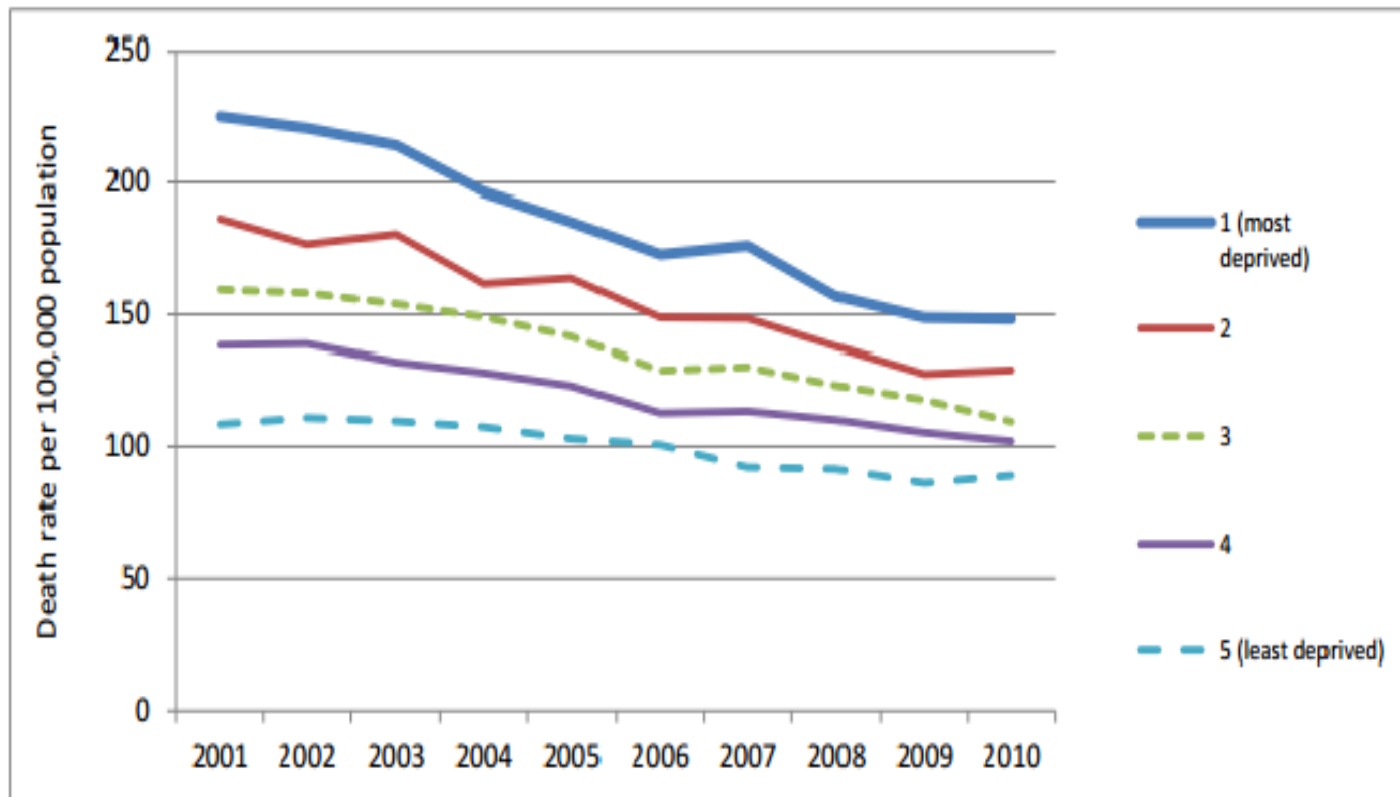
# Mirage of Health

- Infectious diseases
- Coronary Heart disease and Stroke
- Cancer
- Dementia
- Infectious diseases
- ??????

# Coronary Heart Disease

## Death rate from CHD by deprivation level, 2001 to 2010

Overall rates of death from CHD have reduced since 2001, with the largest reductions in the most deprived areas.



Source: Information Services Division, 2011



# Societal Changes

- **Drug addiction/misuse**
- **Alcohol misuse**
- **Reduction in physical activity**
- **Obesity**
- **Housing/ Heating**
- **Environmental**

# Tobacco

## Smoking

Reduction in smoking in men and boys

Increased smoking in women

smaller reduction of smoking in girls

Slowing reduction in smoking in pregnancy

Deprivation variation

**Deaths** 13,000 out of 54,000 annually

# Tobacco legislation

- Scotland's Smoking ban
- Raised legal age to 18
- Test purchasing
- Tobacco sales registration
- Ban on display in shops

Ban on mobile and vending machine sales

?Ban on smoking in cars with children

?Ban on ten packs

?ban on small packs  
loose tobacco

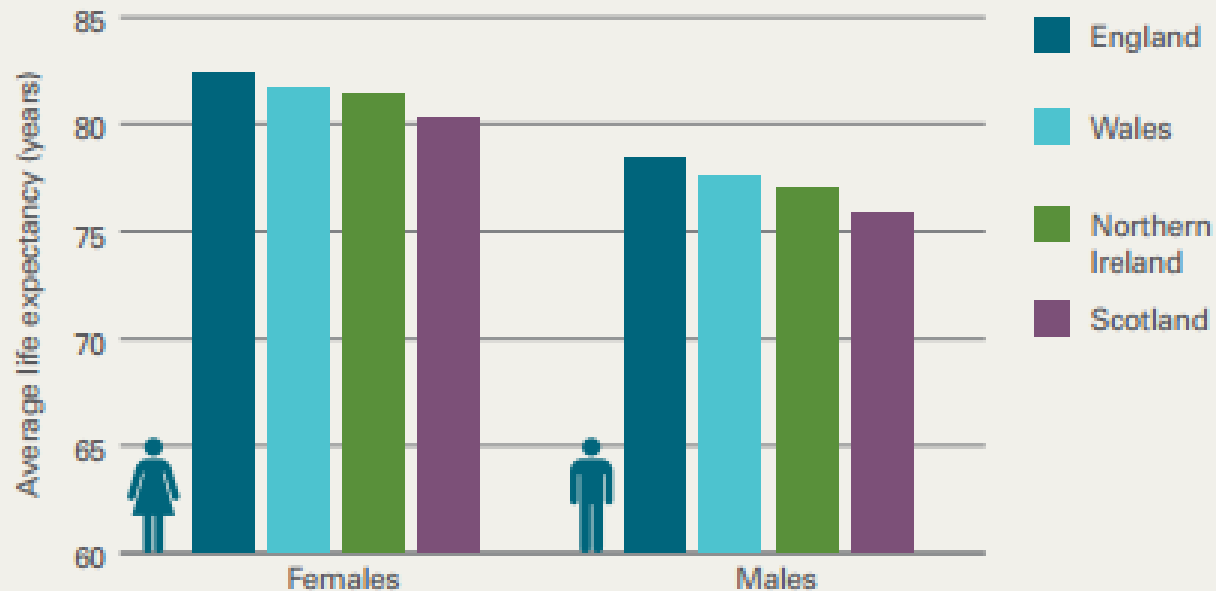
?Plain packaging

# Life expectancy

## Exhibit 2

Life expectancy at birth in the UK, 2008–10

Average life expectancy in Scotland is lower than in the other UK countries.

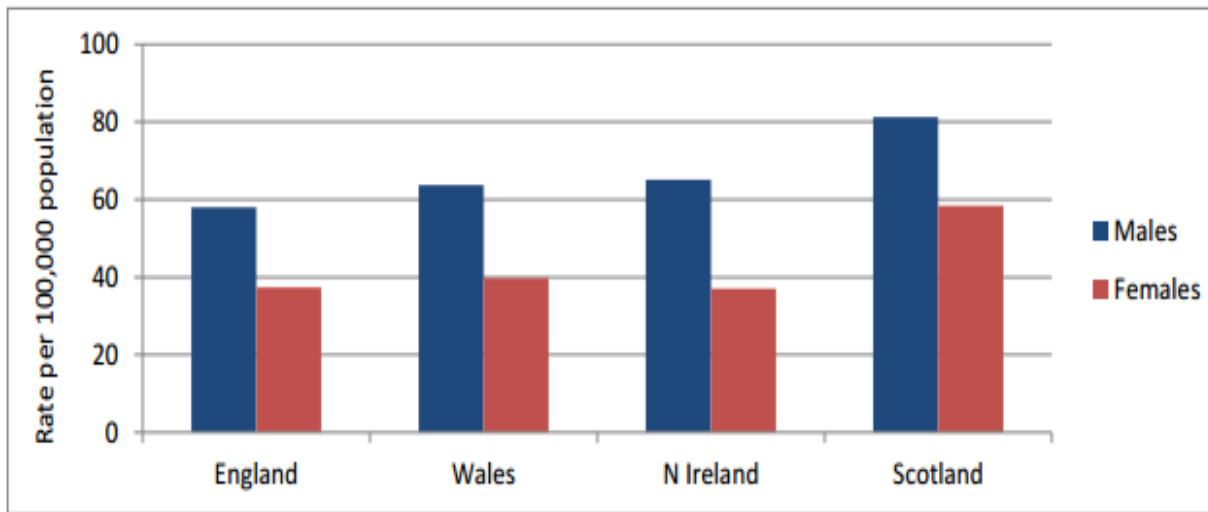


Source: Office for National Statistics, 2012

# Lung Cancer by Nation

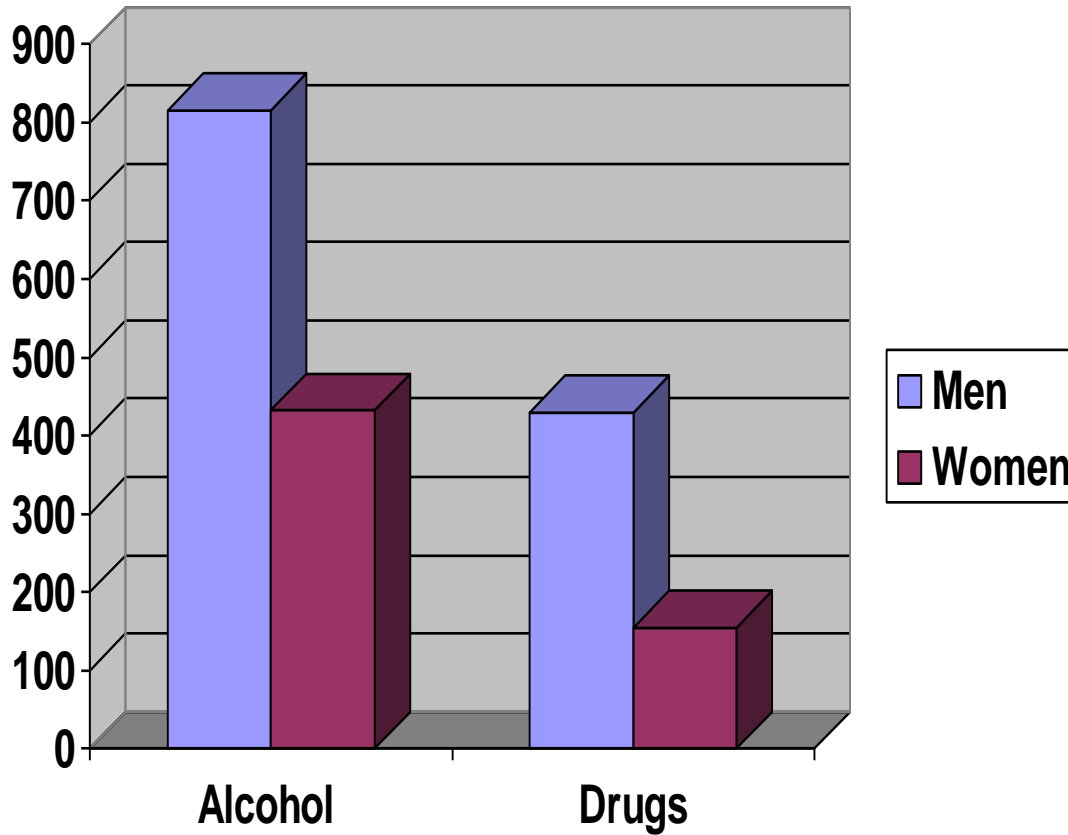
## Lung cancer incidence in the UK, 2007-09

Lung cancer rates are higher in Scotland than in rest of the UK.



Source: Office for National Statistics, 2012

# Deaths from Alcohol and drugs



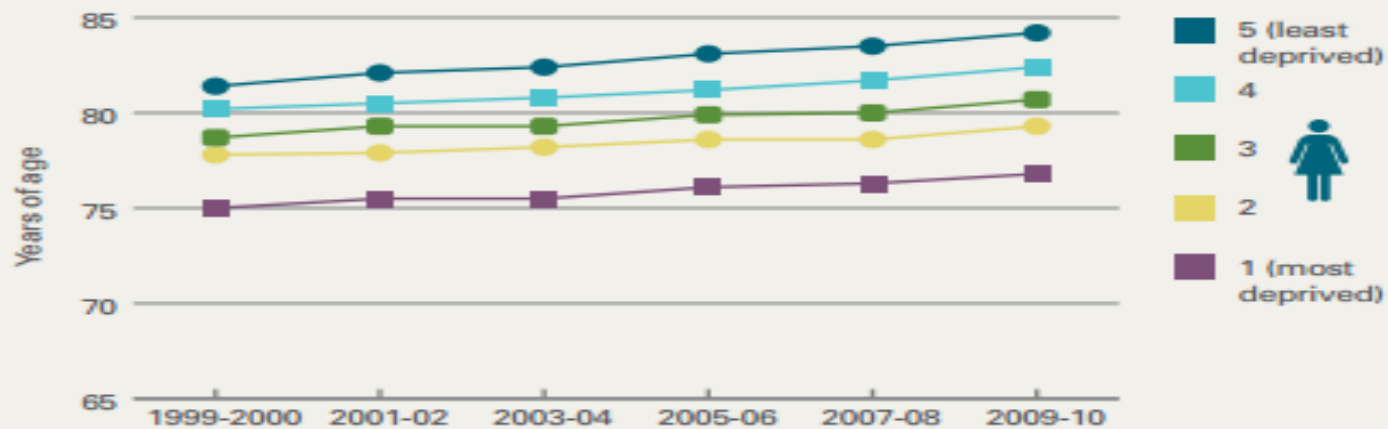
# **HEALTH INEQUALITIES**

## Exhibit 1

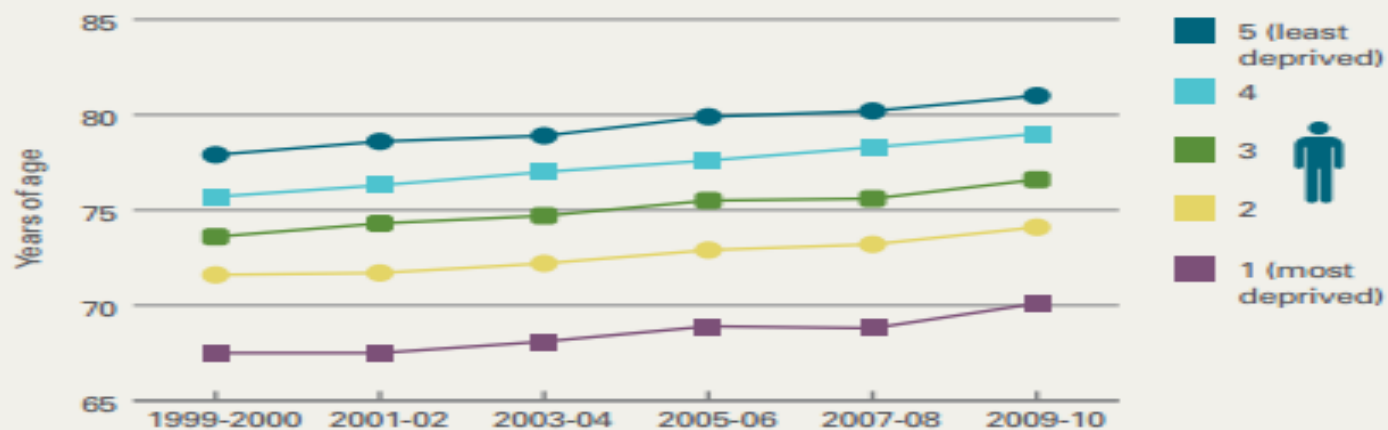
### Average life expectancy at birth, 1999-2000 to 2009-10

Average life expectancy has increased but people in the least deprived areas still live longer than people living in the most deprived areas, and the gap has increased for women.

#### Females



#### Males



Source: Scottish Public Health Observatory, 2012

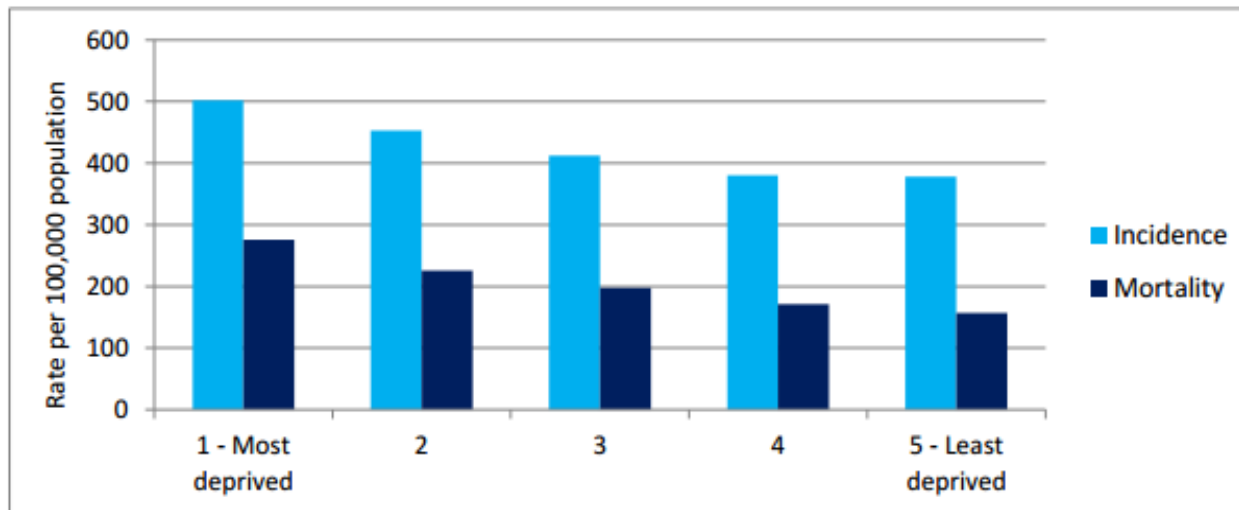




# Cancer and deprivation

## Cancer incidence rates (2006-10) and mortality rates (2007-09) by deprivation

Overall incidence and mortality rates are higher in more deprived areas.

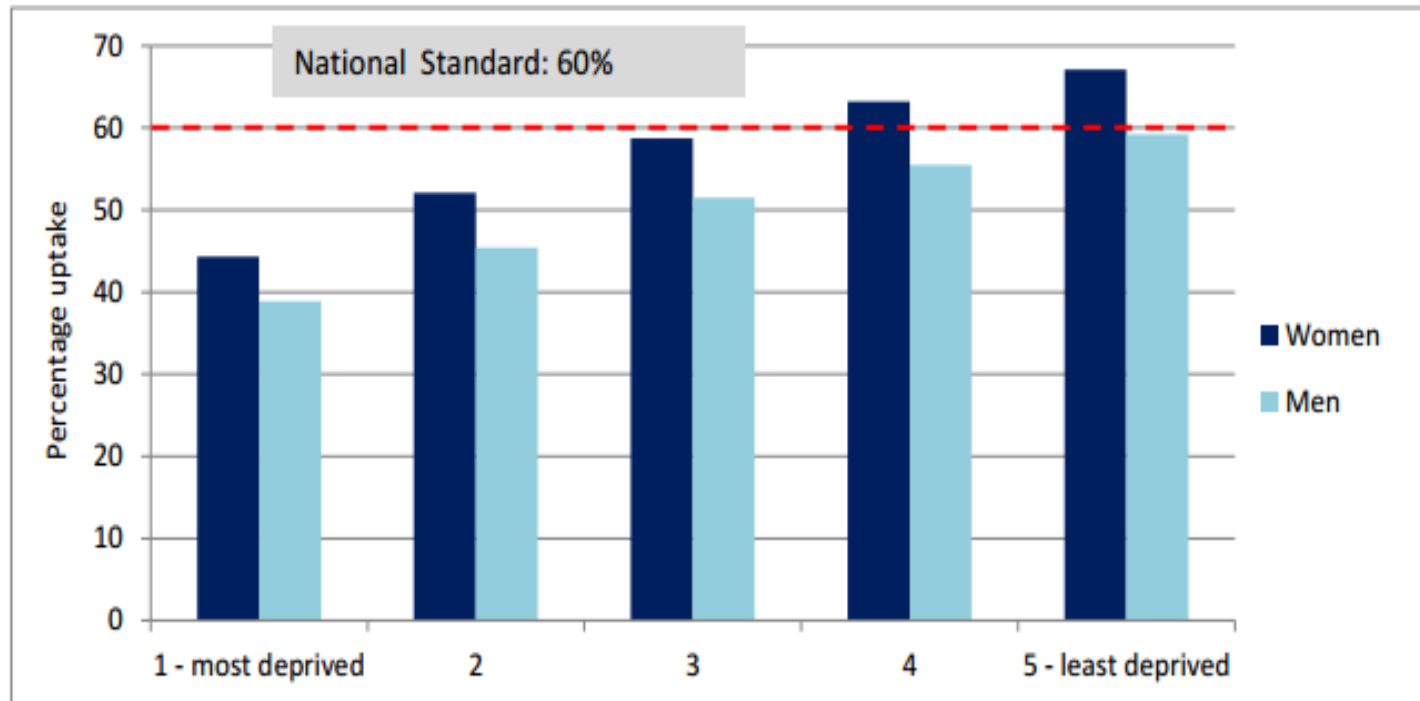


Source: Information Services Division, 2012

# Screening uptake and deprivation

## Uptake of bowel screening services, November 2009 to October 2011

Only women in the 40 per cent least deprived areas met the national standard for bowel screening uptake.

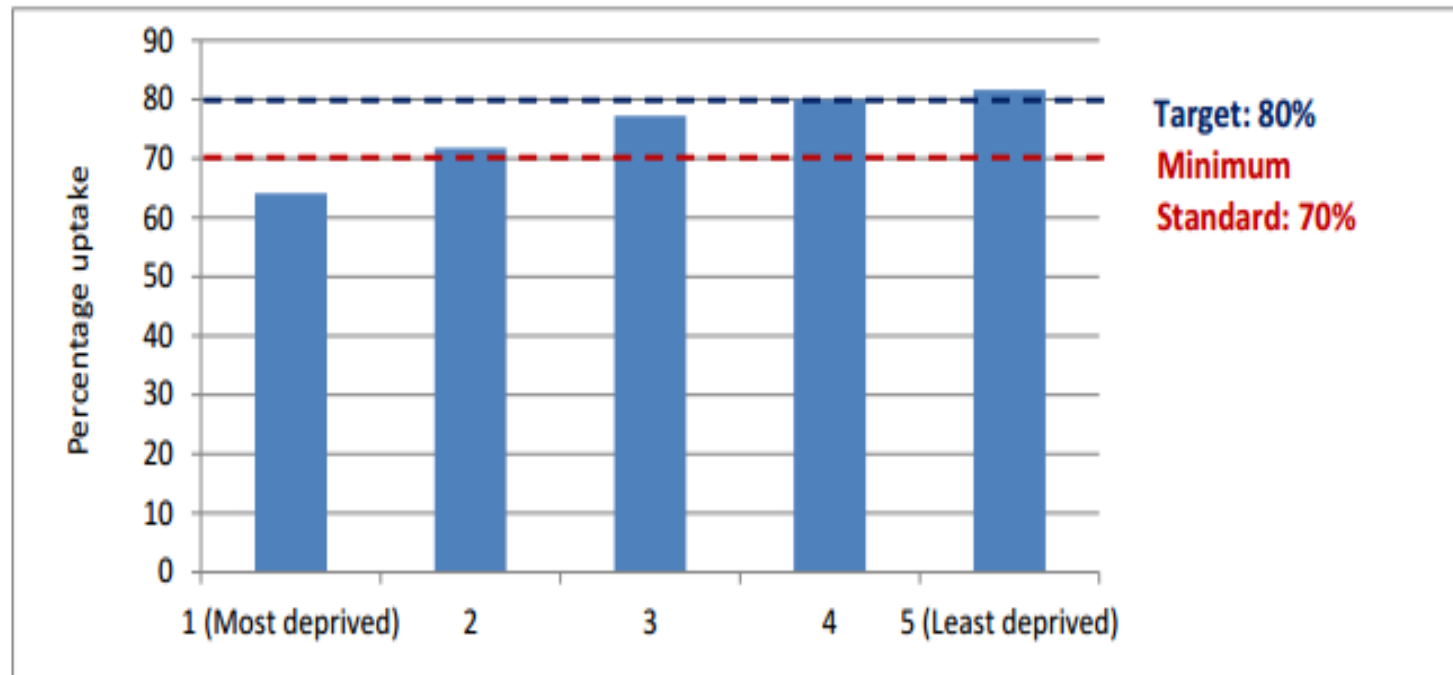


Source: Information Services Division, 2012

# Screening uptake and deprivation

## Uptake of breast screening services, 2006/07 to 2008/09

The national standard for breast screening uptake was not met for women in the most deprived areas.

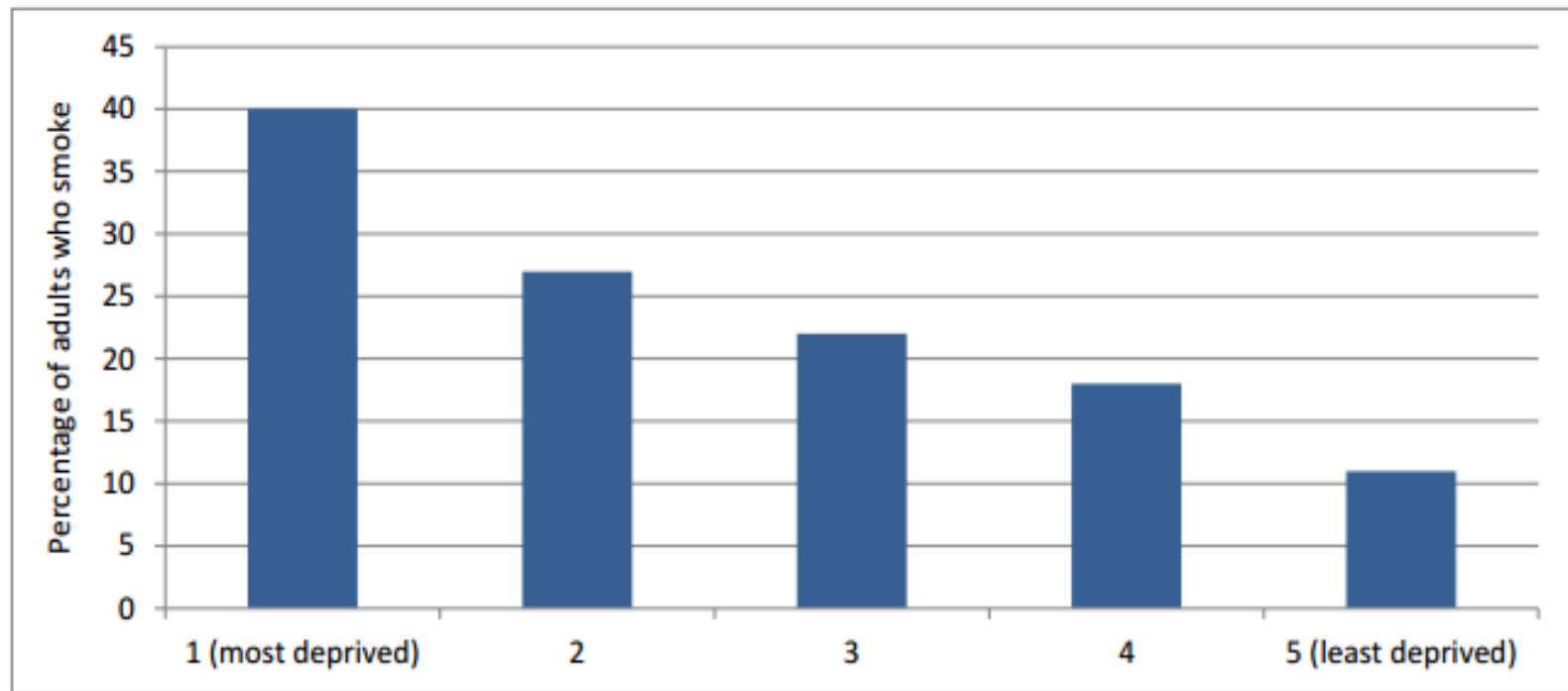


Source: Information Services Division, 2012

# Smoking and deprivation

## Percentage of adult smokers by level of deprivation, 2011

Smoking among adults is around four times higher in the most deprived areas

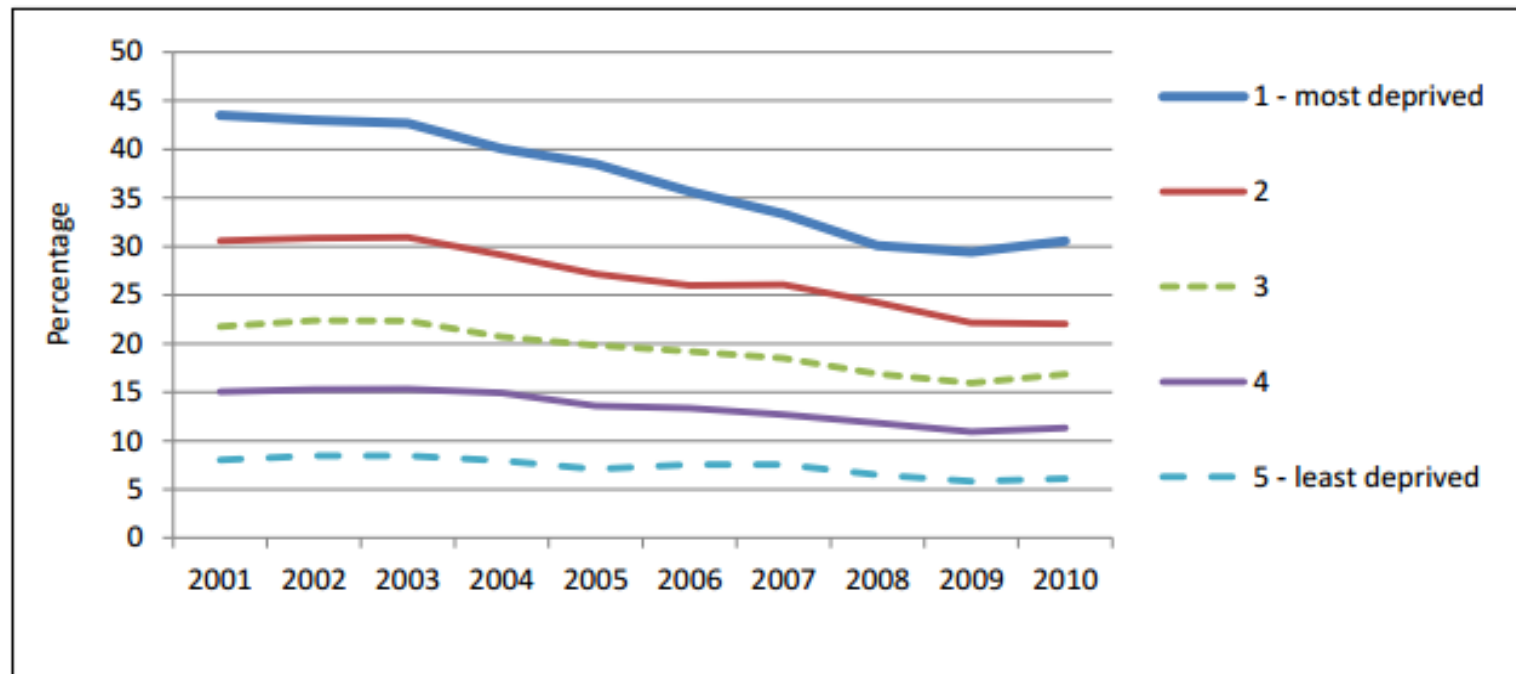


Source: Scottish Health Survey, 2012

# Smoking in pregnancy and deprivation

## Percentage of women smoking while pregnant by level of deprivation, 2001 to 2010

The largest reductions have been among women in the most deprived areas.

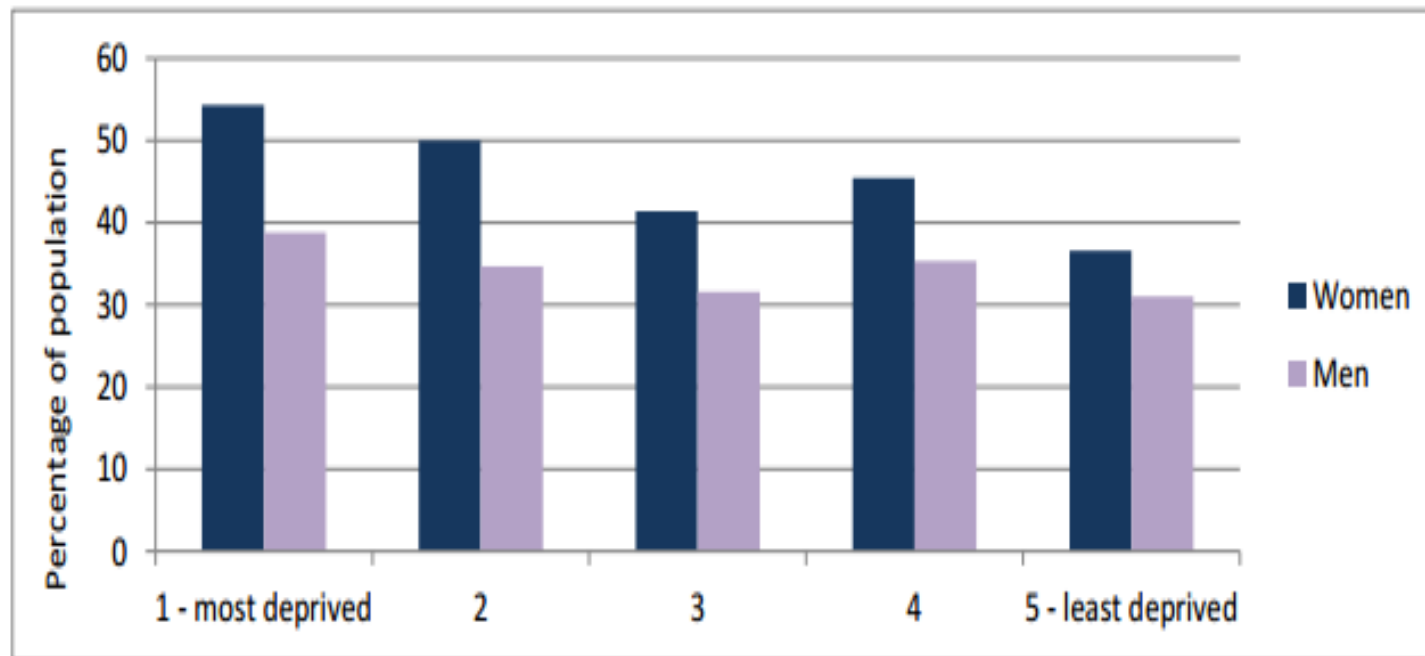


Source: Information Services Division, 2011

# Obesity risks

## Risk of obesity-related disease by deprivation level, 2008-11

There is a higher risk of obesity-related disease in more deprived areas, especially among women.

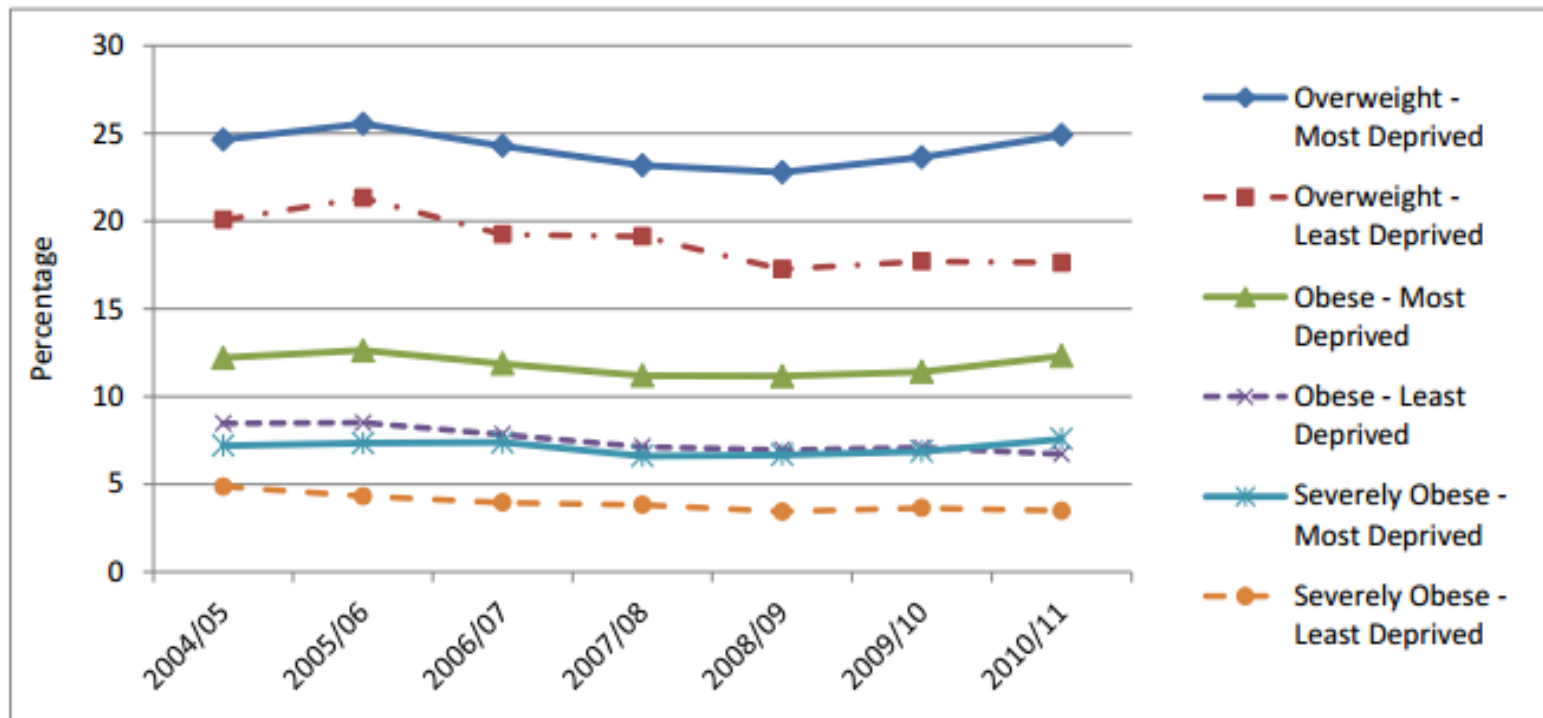


Source: Scottish Health Survey, 2012

# Obesity and deprivation

## Percentage of overweight, obese and severely obese five-year-old children, 2004/05 to 2010/11

Since 2008/09, the percentages of overweight, obese and severely obese children have increased in the most deprived areas.



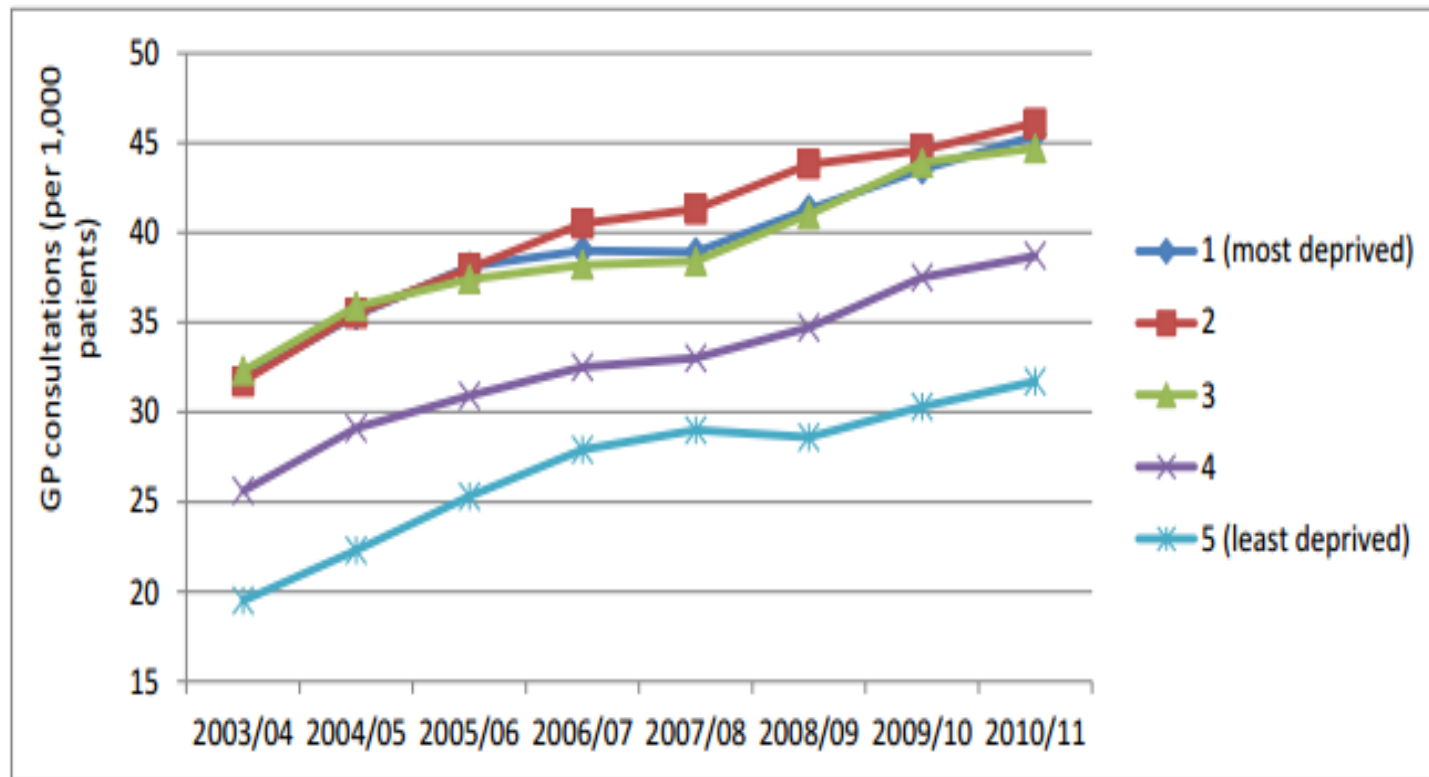
Source: Information Services Division, 2012



# Diabetes and deprivation

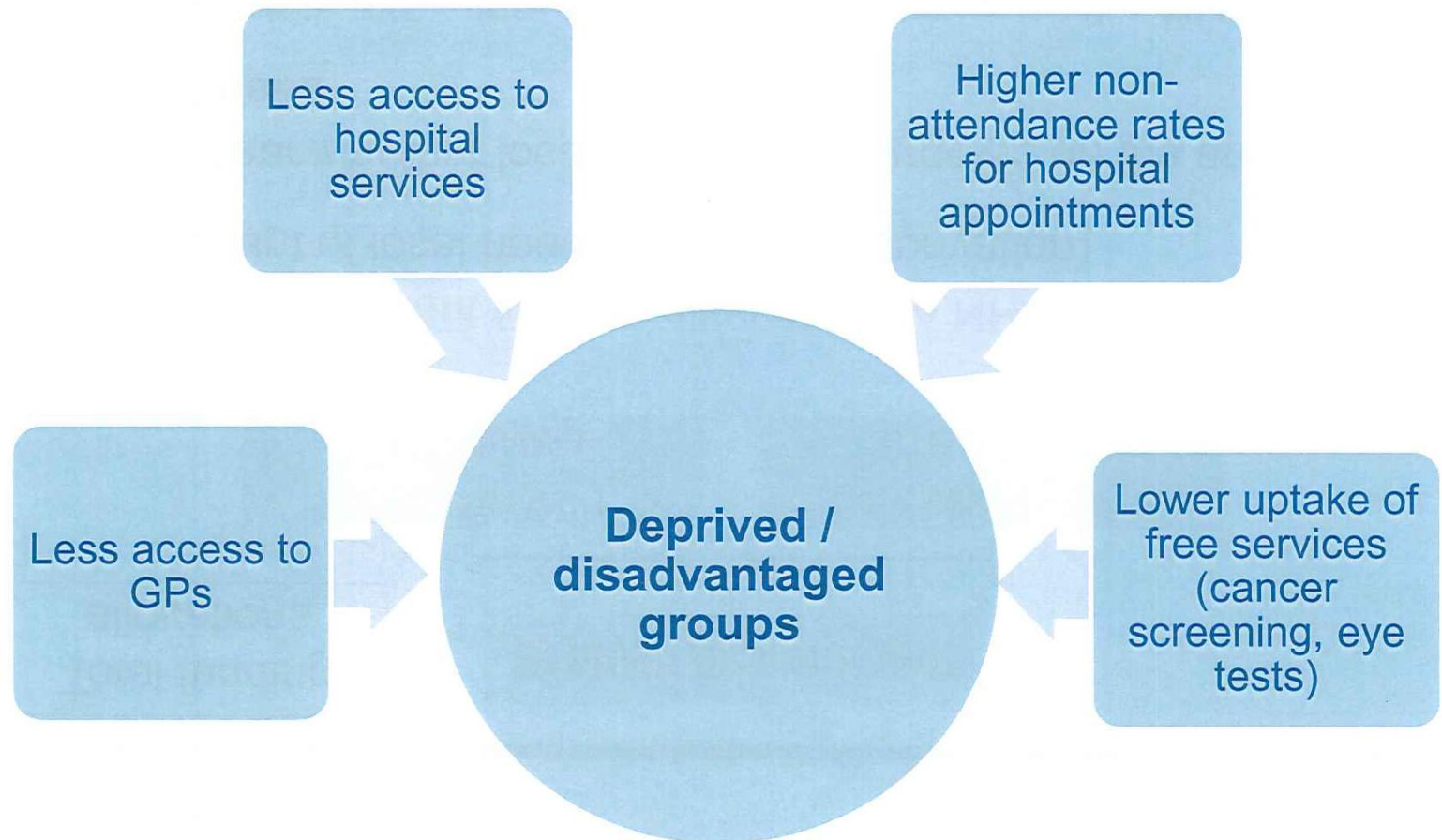
## GP consultations for diabetes, 2003/04 to 2010/11

There are lower rates of GP consultations for diabetes in more affluent areas.



Source: Audit Scotland analysis of Information Services Division data, 2012

# Services

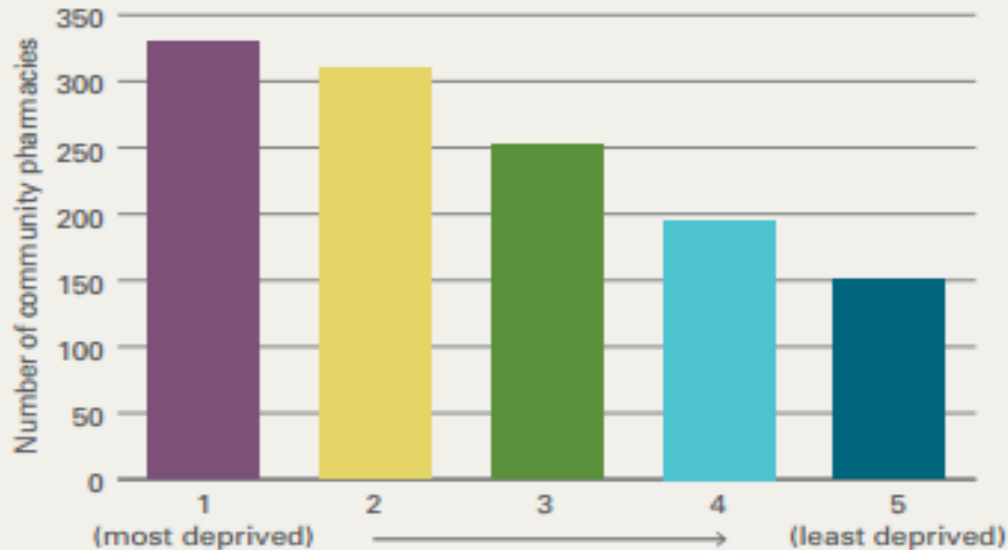


# Community Pharmacy

## Exhibit 14

Distribution of community pharmacies by deprivation, 2012

There are over twice as many pharmacies in the most deprived areas than in the least deprived areas.



Source: Practitioner Services Division, 2012

# **HEALTH AND SOCIAL CARE**

# Between Rich and Poor?

## In Scotland:

- **Complete insurance against health care costs**

- Including prescriptions, minor ailments scheme, eye tests
- Minimal co-payments [dentistry]

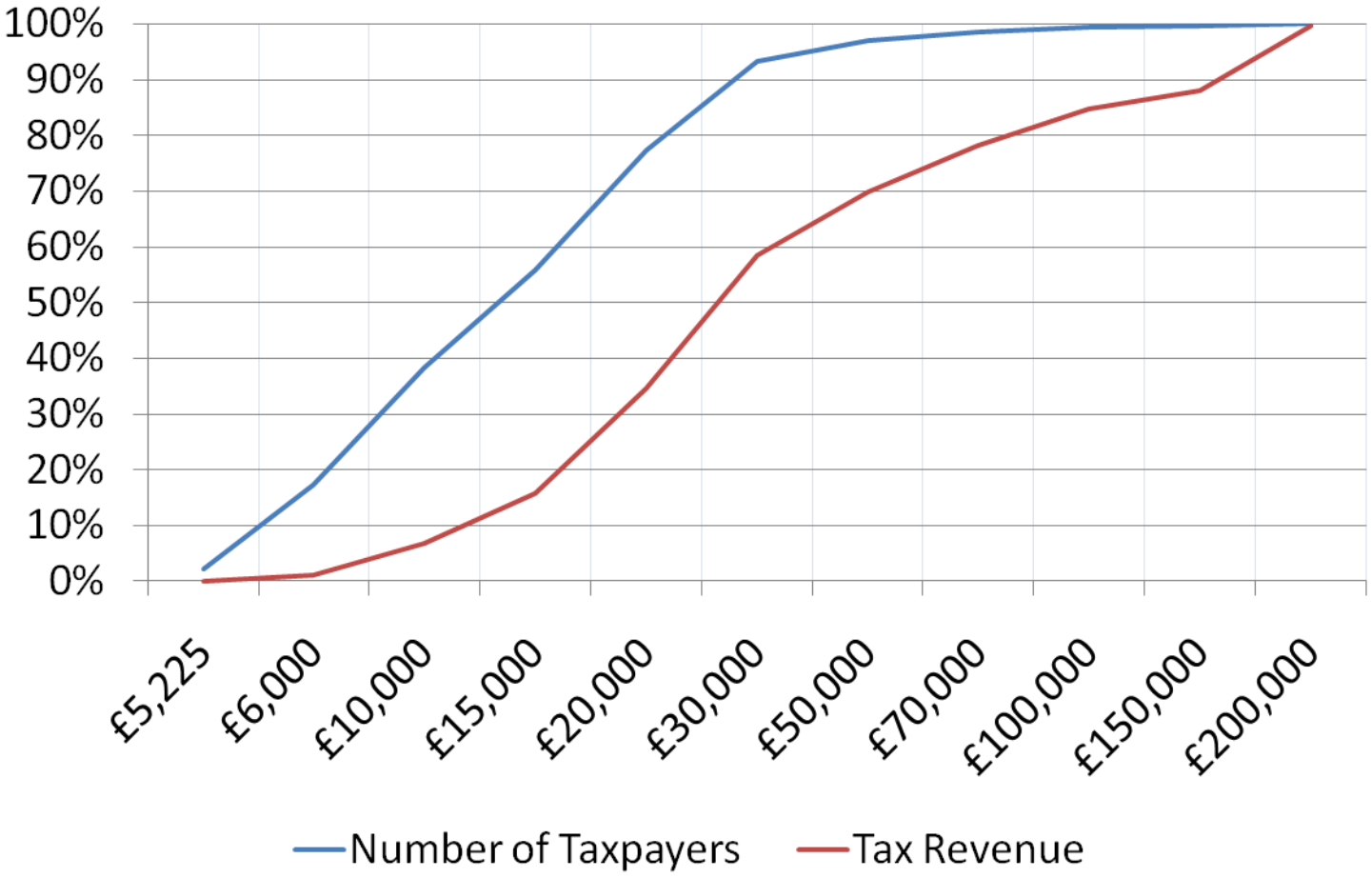
- **Partial insurance against social care costs**

- Scotland has free personal care for those aged 65+
- Does not subsidise hotel costs for those above the means test (£23,000 of assets)
- Hotel charges are around £300+ per week
- Private market has failed to provide policies to insure against these charges
- Dilnot proposes capping care home payments at £35,000 for older people. Estimated cost - £1.7bn

# Public Services – Equity

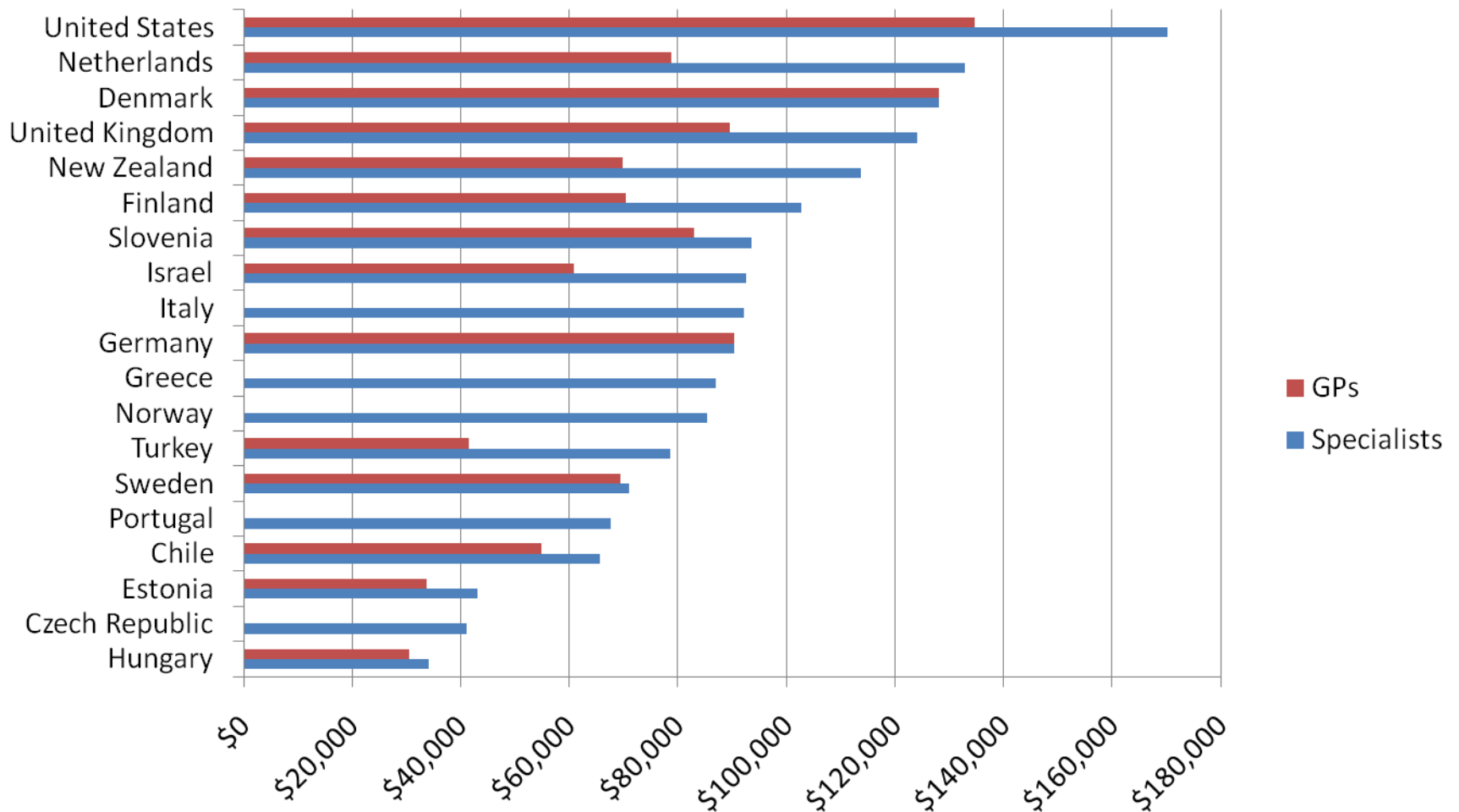
- **Between today's rich and poor**
  - Means testing versus entitlements
- **Between different parts of the country**
  - Local government and health board allocations formula driven
- **Between this generation and future generations**
  - Debt and borrowing

# Income Tax Receipts: Scotland 2008-09



The lower 50% of income earners contribute 10% of income tax revenue  
 The top 10% of income earners contribute around 50% of income tax revenue

# Well-paid medics?



Source: OECD, Some countries data from previous years  
Data adjusted for purchasing power differences



# The Response – Austerity Budgets

**Table 1: Departmental Expenditure Limits for Devolved Administrations and UK as a whole 2010-11 to 2014-15**

Source: HM Treasury, Comprehensive Spending Review 2010

		2010-11	2011-12	2012-13	2013-14	2014-15	Cumulative Real Change (%)
<b>Resource</b>	Scotland	£24.8m	£24.8m	£25.1m	£25.3m	£25.4m	-6.8
	Wales	£13.3m	£13.3m	£13.3m	£13.5m	£13.5m	-7.5
	Northern Ireland	£9.3m	£9.4m	£9.4m	£9.5m	£9.5m	-6.9
	UK	£326.6m	£326.7m	£326.9m	£330.9m	£328.9m	-8.3
	Scotland Share of UK	7.6%	7.6%	7.7%	7.6%	7.7%	
<b>Capital</b>	Scotland	£3.4m	£2.5m	£2.5m	£2.2m	£2.3m	-38
	Wales	£1.7m	£1.3m	£1.2m	£1.1m	£1.1m	-41
	Northern Ireland	£1.2m	£0.9m	£0.9m	£0.8m	£0.8m	-37
	UK	£51.6m	£43.5m	£41.8m	£39.2m	£40.2m	-29
	Scotland Share of UK	6.6%	5.7%	6.0%	5.6%	5.7%	
	(excludes depreciation)						

# Future challenges

- **Lifestyle choices –Obesity**
- **Infectious diseases**
- **Genetic diagnosis and treatment**
- **Unknown what will the environment and nature throw at us??**

# Scotland after September?

- Same Financial challenges
- Same Health and Social care challenges
- A new bureaucracy
  - SGMC, SGDC, SNMC, SHPC etc
  - UK committees JVIC

# Scotland after September?

- Effect on Universities ,Medical Schools
- Research
  - Research councils
  - Charities
- Disease registers

# Scotland after September?

- Barnett formula to 2016
  - An additional £1.3billion
  - Per head expenditure greater than UK
  - Per head expenditure less than NE England

# Four country + NE England comparisons

**Table 6.1: Health spending per head – increases and ‘Barnett consequentials’ (in cash terms)**

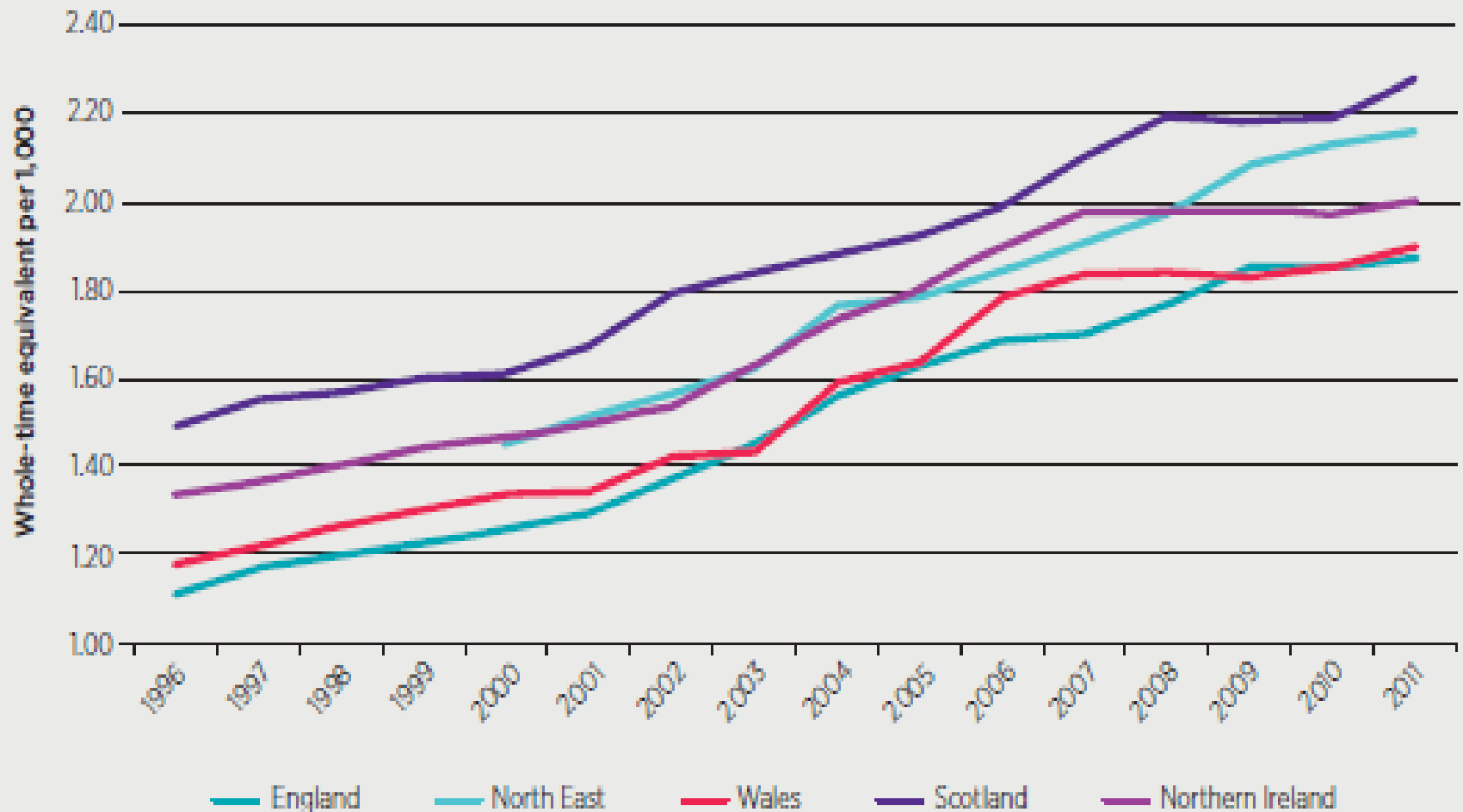
	Actual per head	Actual per head	% increase	Projection for 2012/13 at rate of increase for England	‘Barnett consequential’	
	2000/01	2012/13	2012/13 over 2000/01	Per head	Per head	In total
	£	£	%	£	£	£m
North East	945	2,150	128	2,028		
England	891	1,912	115	1,912		
Scotland	1,064	2,115	99	2,283	168	884
Wales	985	1,954	98	2,114	160	489
Northern Ireland	1,099	2,109	92	2,358	249	452

# Compared to other UK

- Nuffield second report
  - Scotland has caught up on waiting times
  - Scotland has higher satisfaction scores
  - Scotland has not narrowed the mortality gap
  - North East England has overtaken Scotland in mortality figures

# Four country + NE England comparisons

Figure 4.29: Hospital doctors (whole-time equivalent) per 1,000 population, 1996-2011

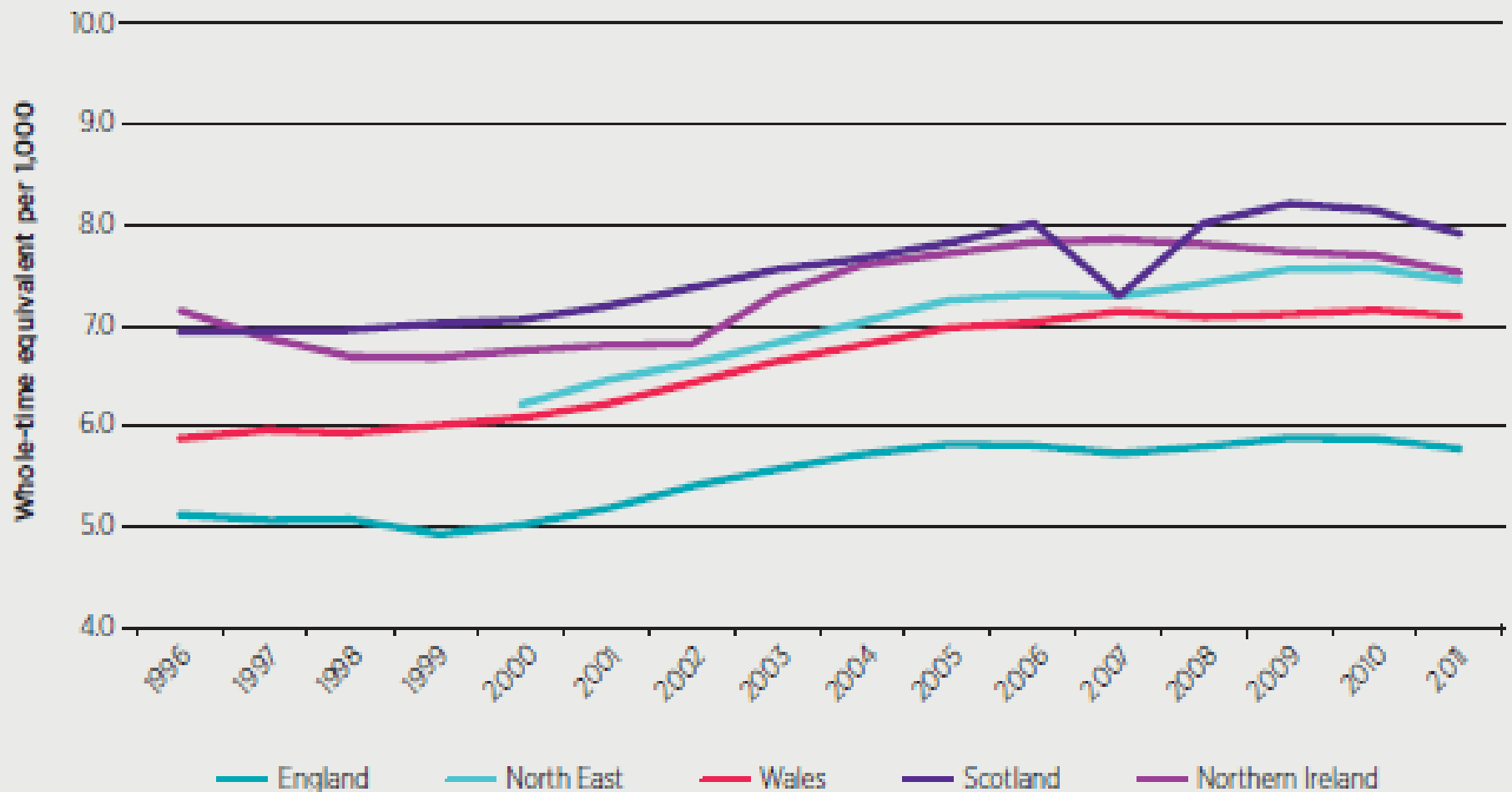


Note: 'hospital doctors' refers to hospital and community health services' (HCHS) medical and dental staff.



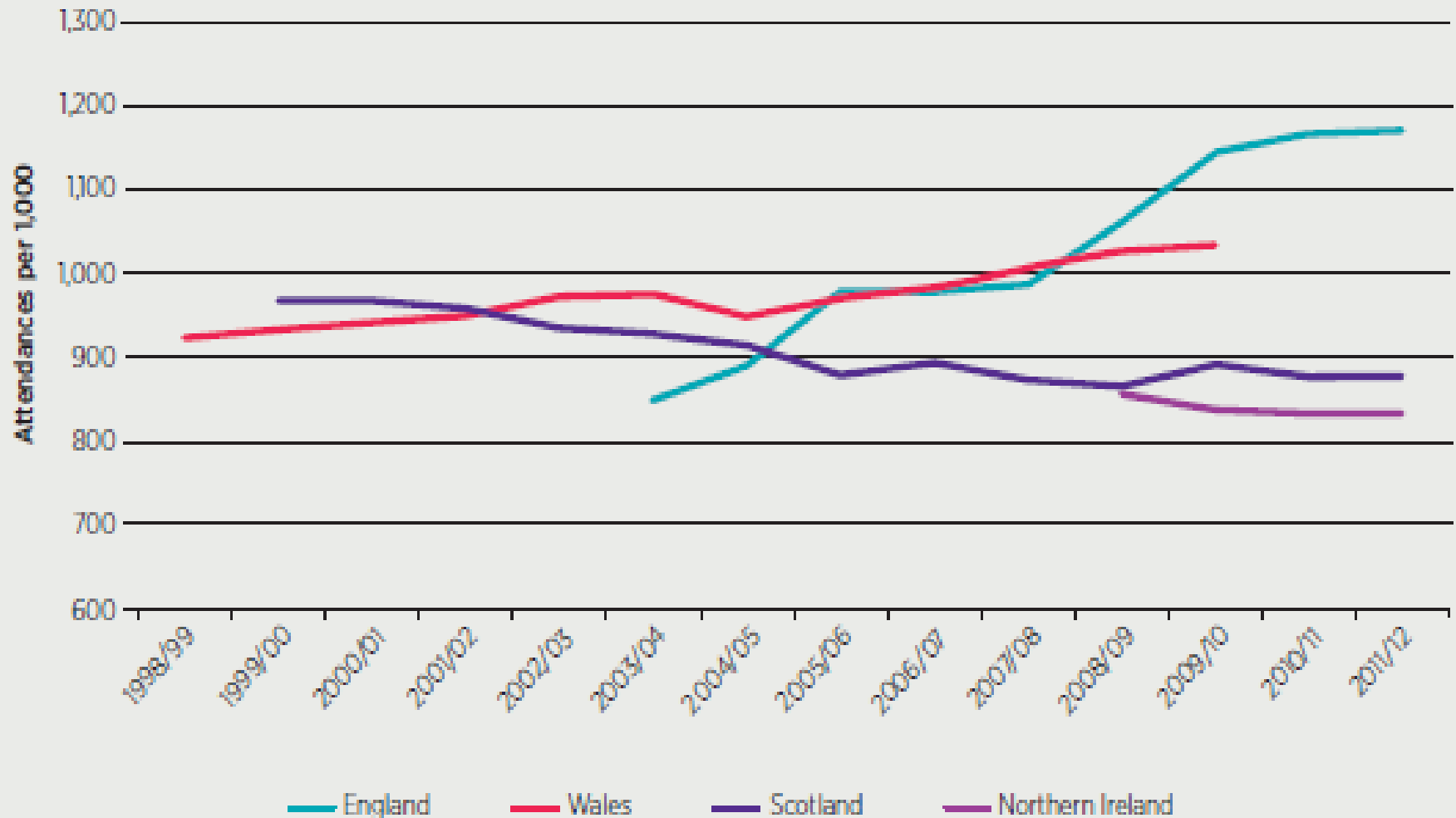
# Four country + NE England comparisons

Figure 4.30: Nurses (whole-time equivalent) per 1,000 population, 1996–2011

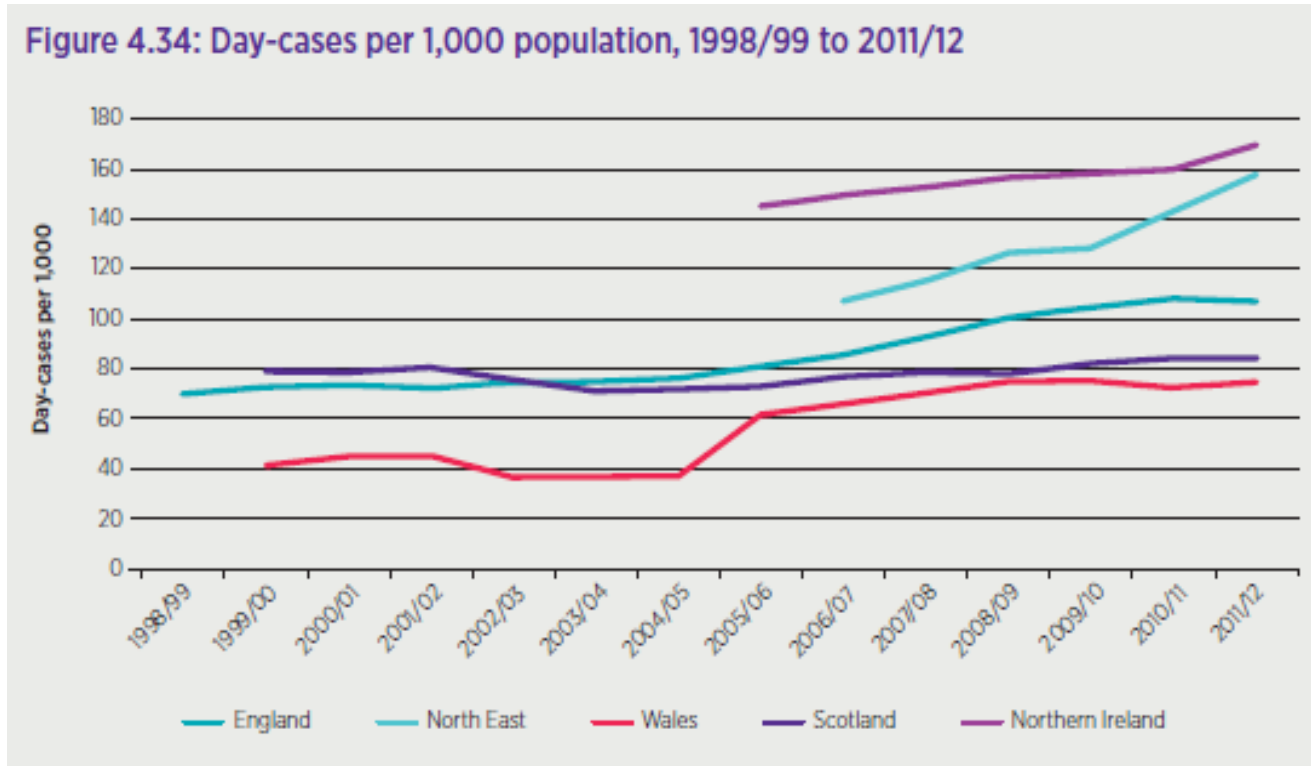


# Four country + NE England comparisons

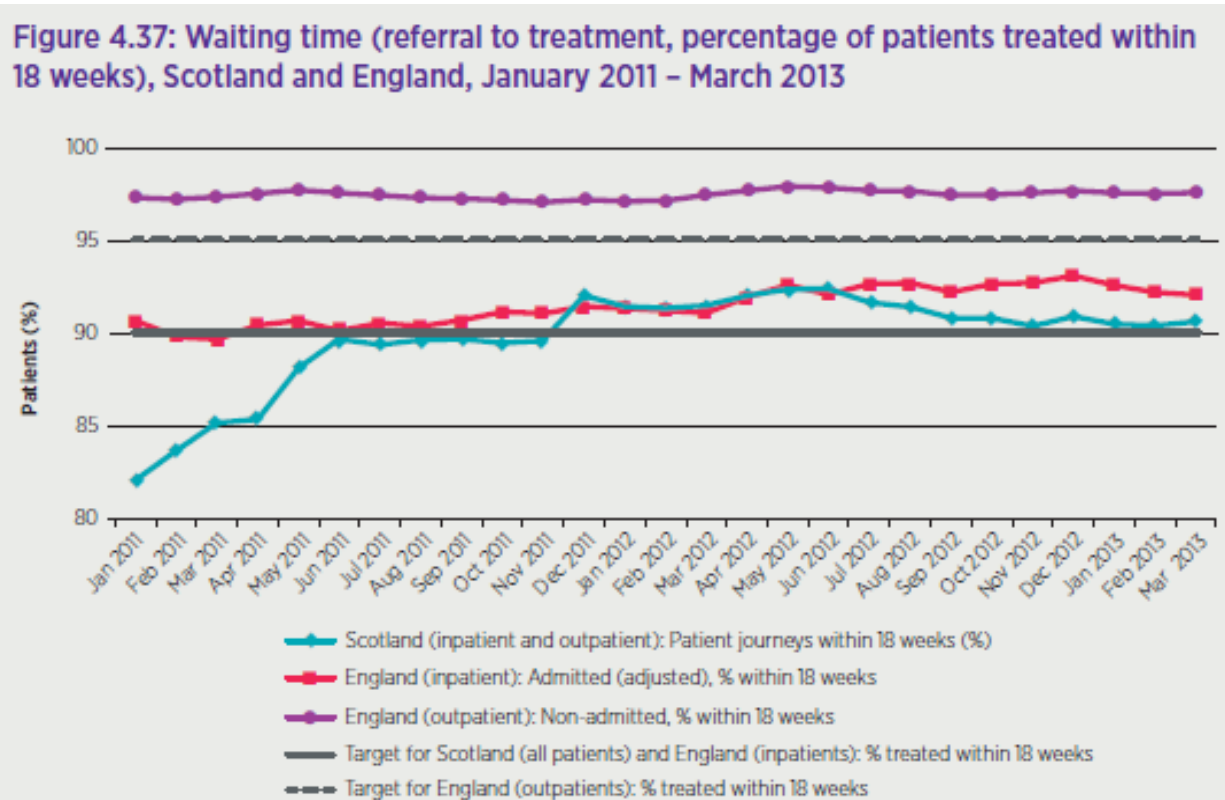
Figure 4.32: Outpatient attendances – all attendances per 1,000 population, 1998/99 to 2011/12



# Four country + NE England comparisons



# Four country + NE England comparisons



# Four country + NE England comparisons

**Table 6.2: Life expectancy, mortality and relative health care need, 2007-10**

	England	North East	Wales	Scotland	Northern Ireland
Life expectancy at birth (2008-10)					
Males	78.50	77.1	77.62	75.9	76.96
Females	82.51	81.1	81.78	80.4	81.4
Amenable mortality under age 75; age-standardised mortality per 100,000 (2010)					
Males	80	89	87	97	90
Females	64	69	72	77	72
Other mortality under age 75; age-standardised mortality per 100,000 (2010)					
Males	255	289	281	344	302
Females	149	177	165	203	170
National Audit Office population relative needs weights (2007/08 to 2009/10)					
Mean	0.91		1.07	0.98	1.11
Range	0.63-1.27		0.92-1.24	0.8-1.16	1.00-1.26

# Four country + NE England comparisons

**Table 6.4: Rates of use of acute beds per 1,000 population**

	Kaiser Permanente (2000)	UK NHS (2000)	England (2008/09)	Scotland (2008/09)	Wales (2008/09)	Northern Ireland (2008/09)
Mean length of stay	3.9	5.0	4.3	5.7	6.3	5.5
Inpatient admissions per 1,000	69	200	172	213	174	175
Acute bed days per 1,000	270	1,000	741	1,213	1,099	961

# Conclusions

- We face the same challenges
- Politicians will try to keep NHS free at the point of need
- Scotland if Independent will have to meet its share of the debt
- The NHS in Scotland will continue to have significant higher challenges in inequalities
- There is little upside and possible downside to independence in Health over devolution