Alex Neil, Richard Simpson & Alastair Noble

LOOKING BEYOND PARTY POLITICS: WHAT SHOULD HEALTH & CARE LOOK LIKE IN SCOTLAND IN 2035

This short paper draws on the extensive medical and political experience of its authors and aims to help identify a collaborative and cross-party route to delivering the sort of health care Scotland wants and needs.

Alex Neil, Richard Simpson and Alastair Noble have all written substantial individual contributions to Enlighten's NHS2048 discission, including:

- Scotland' NHS: What's wrong with it and how to fix it – Dr Richard Simpson
- My Action Plan to Save the National Health Service in Scotland – Alex Neil
- Can we afford not to make integrated health & social care work in Scotland – Dr Alastair Noble

This paper builds on those earlier articles, as well as points made by Sir Ewan Brown on governance in his contributions to the forum, in addition to his recent book, 'Gvrnnc Disemvowelled: Why do politicians and public officials only pay lip service to Good Governance?'.

Governance, prevention and people have to be at the heart of the urgent reform that is required. Scotland is not short of good ideas, but implementation has long been where we fall down. That needs to change.

- **Alex Neil was the Cabinet Secretary for Health from 2012 until 2014 in the Scottish Government**

- **Dr Richard Simpson OBE FRCPsych FRCGP is a former GP and psychiatrist, and was a Labour MSP from 1999-2003 and 2007-2016. He was shadow Public Health Minister from 2007 to 2016.**

- **Dr Alastair Noble worked as a GP in Nairn and was awarded an MBE for his work in integrating Health and Social Care in Nairnshire**

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WHAT WE SHOULD BE WORKING TOWARDS

- There should be 24/7 community-based care.
- There should be comprehensive integration between health & social care.
- There should be proper adoption of technology, including fully shareable and accessible digital patient records; a properly functioning NHS app; and electronic prescribing.
- There should be an end to delayed discharge in hospital with proper throughcare.
- There should be a focus on prevention in primary and secondary care.
- There should be a substantial reduction in the time-gap between the development of new medicines, new technologies and new techniques and their implementation.
- Social care staff need to earn at least £1 higher than the National Living Wage, have paid traveling time, and mileage properly recompensed.
- There needs to be broader recognition and addressing of the social determinants of health

ACTION THAT CAN, AND SHOULD, BE TAKEN NOW TO START ACHIEVEING THESE GOALS

- Convene a cross party/all party commission to find common ground around strategic health policy in Scotland. This group can help develop a comprehensive, long-term business plan for health and social care. The plan would address strategic challenges arising from the ageing of the population, the rapidly changing demands from patients, and the increased costs of new medicines and technologies. Cross party involvement can help ensure long term implementation and stability regardless of which party is in power.
- License the English NHS app. We need to stop trying to re-invent the wheel. Not everything needs a ‘Saltire’ added to it.
- Someone from a business background to review the use of medicines in Scotland to identify how to stop waste - for example prescriptions that are never collected can't be re-used, or even donated overseas, regardless if they are unopened and within date. Such a review could also identify why people may not be collecting medicines in the first place.
- The recently announced GP walk-in centres plans should be scrapped with money re-invested in existing GP practices.

- An overhaul of the structures and governance of the NHS, which should be undertaken jointly between the Scottish Government, NHS staff, local government and patient representatives.
- There should be widescale decentralisation of decision making from both the existing 14 territorial and 8 specialist health boards to self-managing community level partnerships with a small number of strategic health authorities setting targets and budgets, overseeing operations, performance and outcomes and ensuring good governance throughout the NHS in Scotland .
- There is too much of a post code lottery around access to GP appointments, which is why we would argue that there needs to be a better reporting and inspection system of practises, including looking at appointment systems. We would suggest merging Health Improvement Scotland and the Care Inspectorate to create a more comprehensive health and care inspectorate.
- A greater proportion of health spending should be invested in primary care to build towards effective 24/7 community care provision. To achieve this we would suggest primary care providers are funded directly by central government, and not through health boards.
- Hospital at Home should be more rapidly expanded.
- Managed Clinical Networks should be expanded to cover more conditions,. Their remit should be extended to enable commissioning of research and spreading of best practice. Health boards should not be able to opt out of participation.
- Use any empty capacity in care homes as temporary accommodation for those who would otherwise wise be delayed discharges.
- Re-establish NHS funded care homes beds in designated care homes with skills to manage end of life care .
- Patients should be able to register with their own named GP
- Proper adoption of dictating technology
- Centralise back office, finance, and IT departments across NHS.
- Vaccinations delivered by ‘Locality Based Teams’ with GP support
- Locality Based outcome data to be used as quality control.
- Learn from the Nairn Healthcare Building as model for Integrated Community Team working together - something which has already been adopted in Italy and Japan.

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