Healthcare Improvement Scotland

Helping palliative care voices be heard in system planning

Palliative Care Return on Investment

Scottish Partnership for Palliative Care

28 Oct 2026

NHS SCOTLAND

Leading quality health and care for Scotland

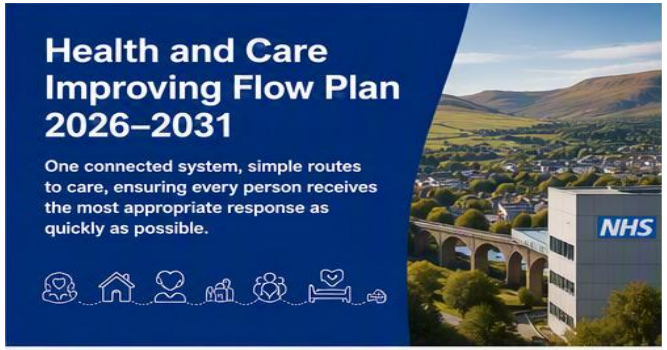
Who we are

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Transformational Change

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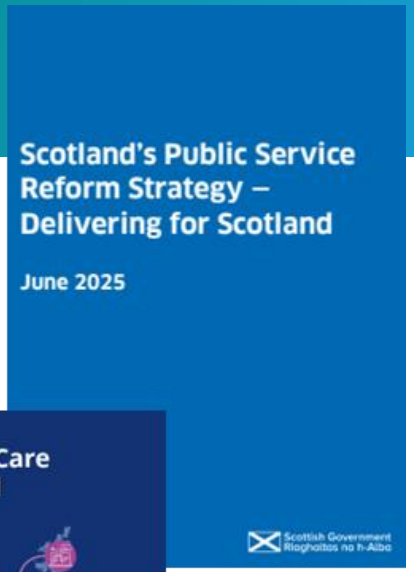
Healthcare Improvement Scotland

The challenge











Informing upstream investment

20% of the population with MSK symptoms are living in the highest quintile of deprivation

1 in 8 people (13.4%) in England report living with at least two long-term conditions, one of which is MSK-related

A digital self-management pilot found that 62% of users required no further use of NHS services.

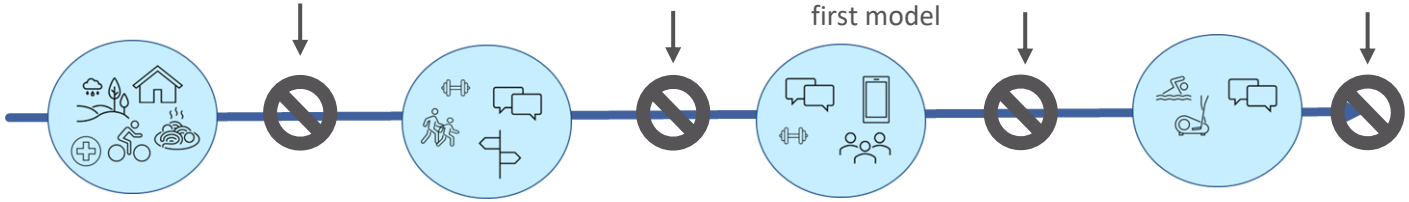
A Scottish based first contact physiotherapy approach reduced referrals to orthopaedics to 4%

The 'Best in Class' MDT programme reduced the number of people referred from primary care to orthopaedic services to 3%

A first contact triage programmes reduced surgical conversion rates to save 19% compared to a GP first model

One strength-based intervention reduced the number of people progressing to surgery to 10%

21% people in a 2025 English survey who said their primary hip replacement had worsened their symptoms (which would equate to 1096 surgeries based on 2024 Scottish figures).



Pre-symptomatic:

Primary prevention support targeted in communities with a high risk of developing MSK conditions.

Early symptom development:

Community-based diet and exercise opportunities. Building on existing provision through community groups and third sector services.

Established symptoms:

Targeted management of problem areas via first access triage and MDT management emphasising personal outcomes and self-management.

Advanced condition:

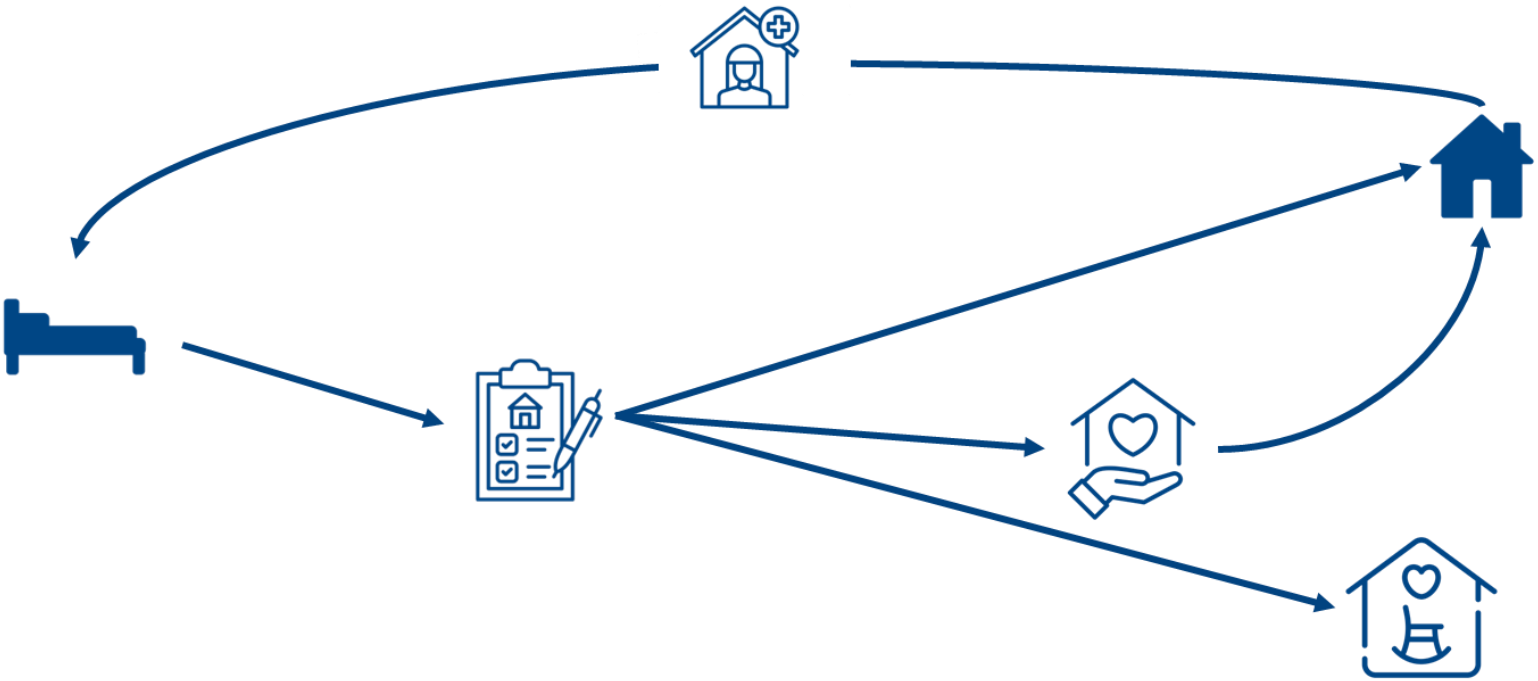
Intensive pre-habilitation support, earlier in the journey. Alongside shared decision making which discusses expectations regarding surgery.

How are we trying to increase the presence of Palliative Care

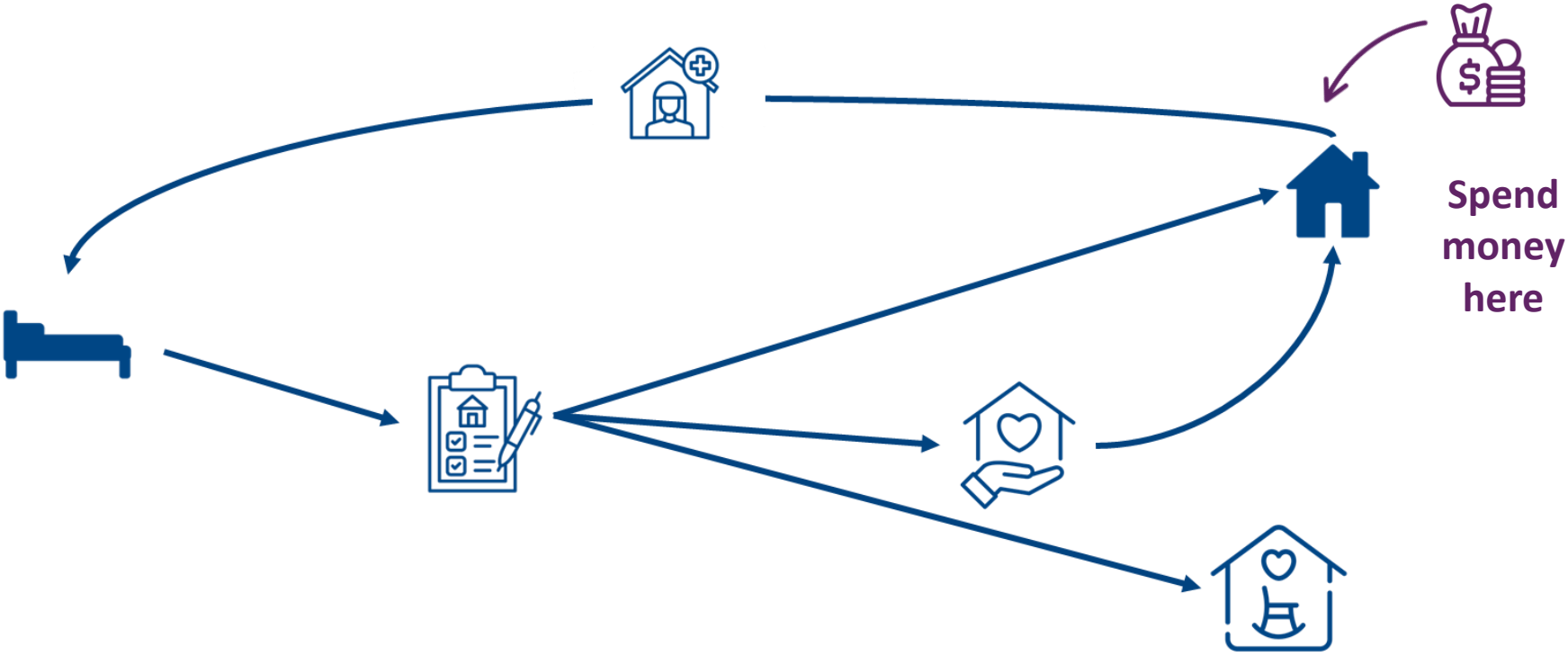
The hook in…

Our services are part of a wider system of interdependencies

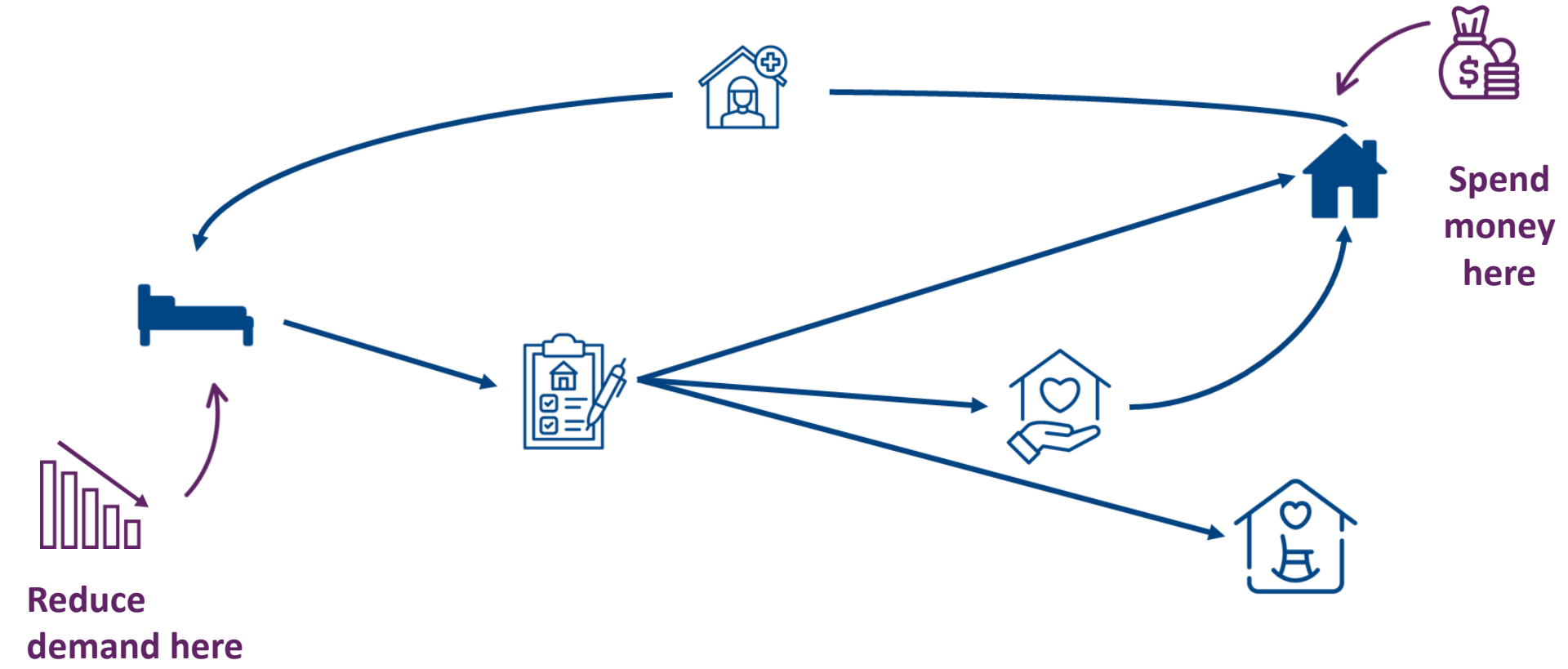
Our system of interdependencies



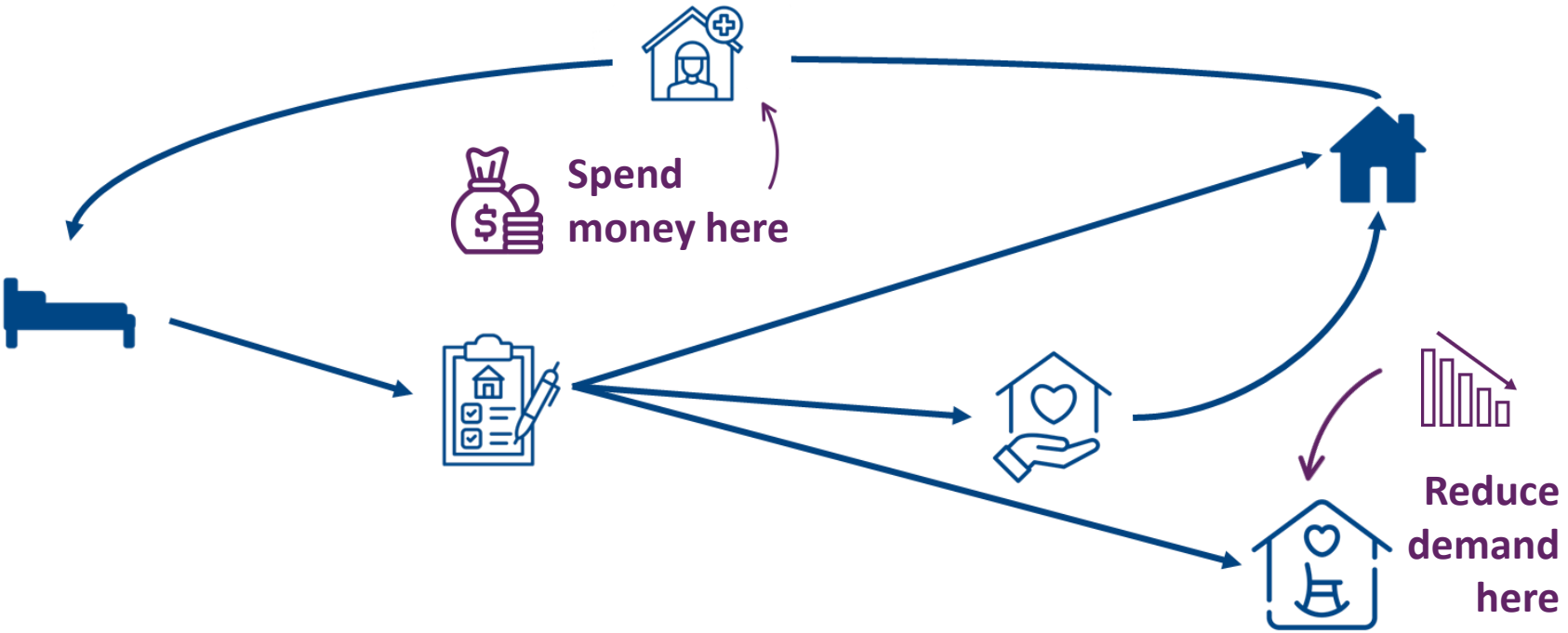
Our system of interdependencies



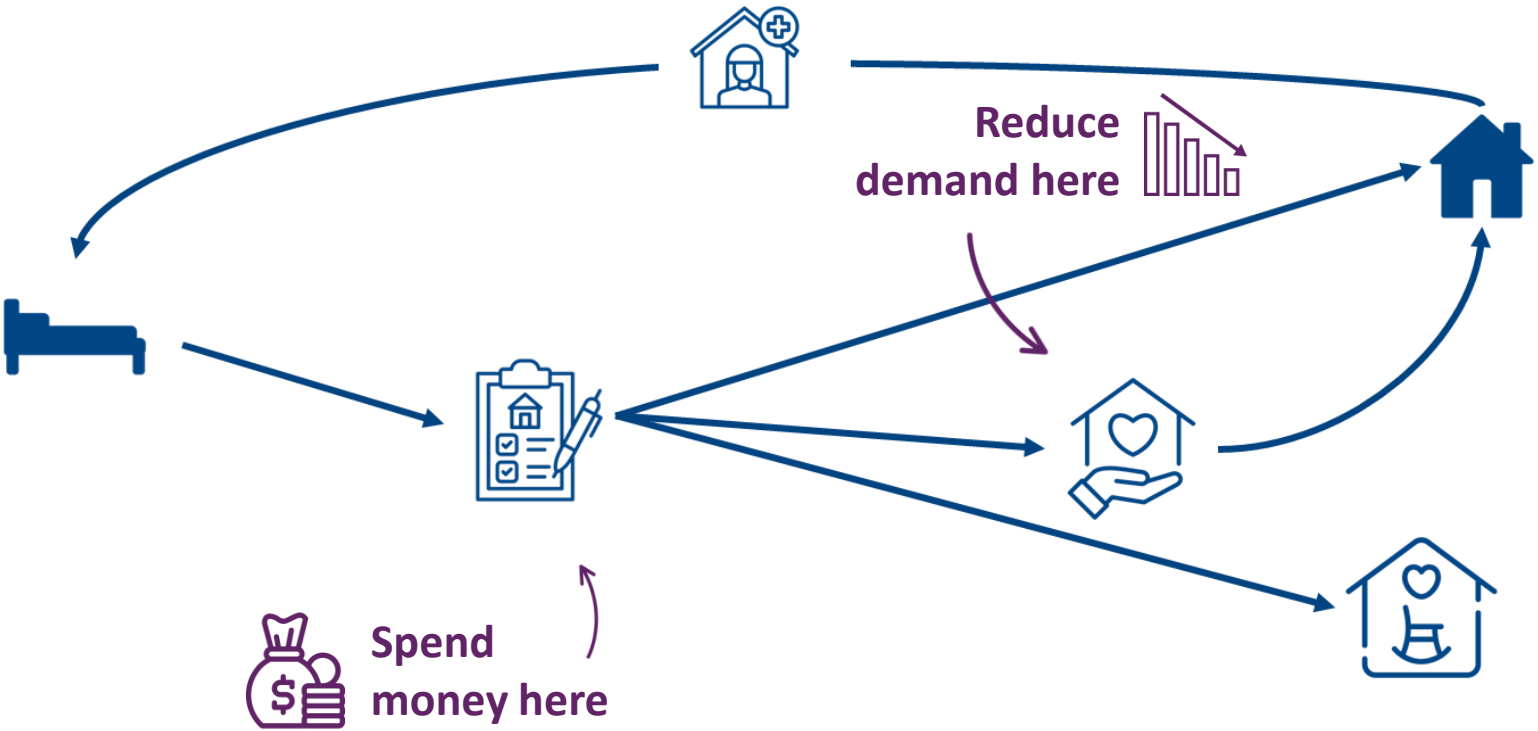
Our system of interdependencies



Our system of interdependencies



Our system of interdependencies



What if we quantify these interactions for palliative care interventions?

You have some pretty nifty data available

- Professional to professional helplines for reduce hospital conveyance by **5.5%**, admissions from ED by **6%**
- Patient and family support lines reduce ED attendances by 28% and ambulance calls by **35%,** with **73-95%** of patients staying at home 24 hours after the call
- Specialist input in ED reduced admission by **27%** and **68%** lower length of stay
- Specialist community care reduced risk of admission by **32%**, ED attendance by **23%**, dying in hospital by **54%**

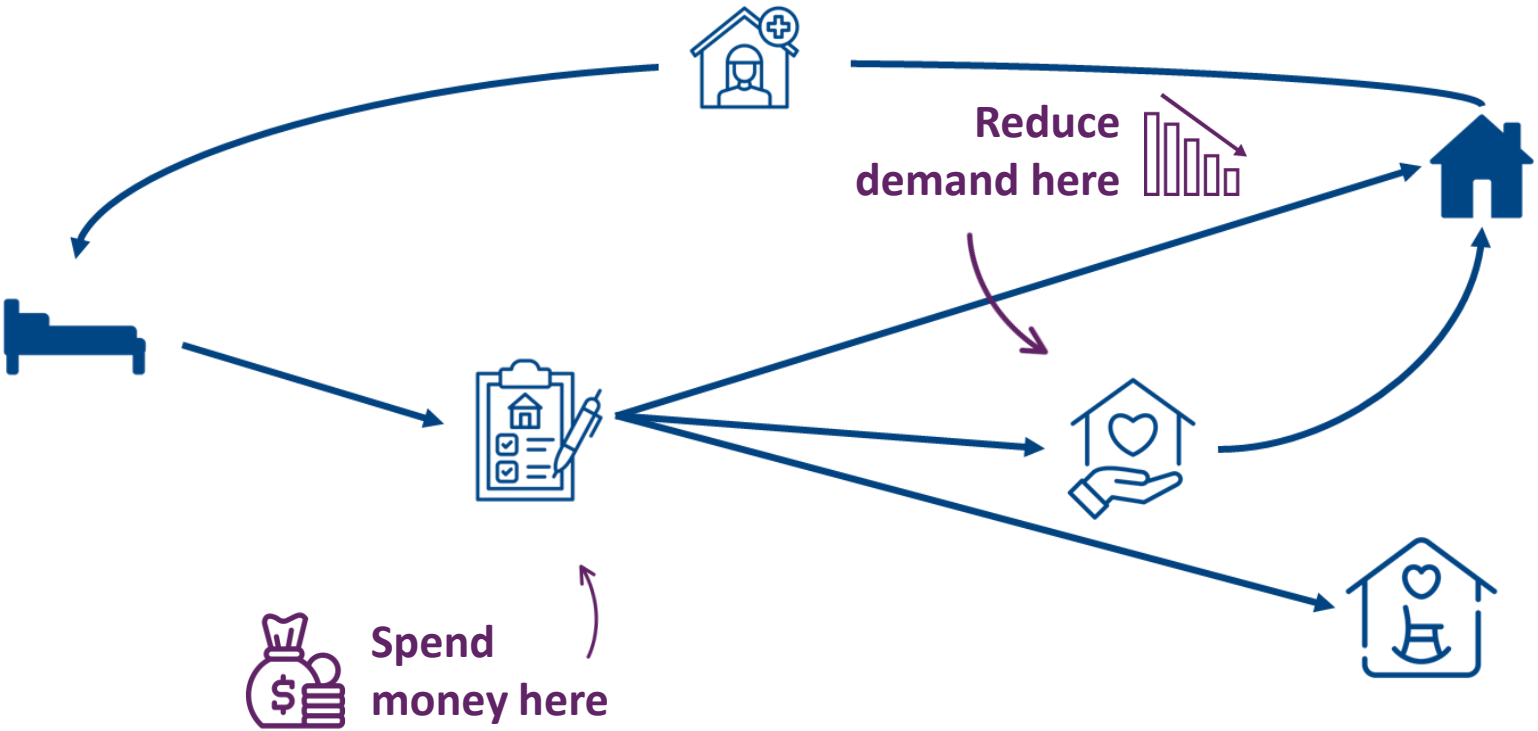


Palliative care

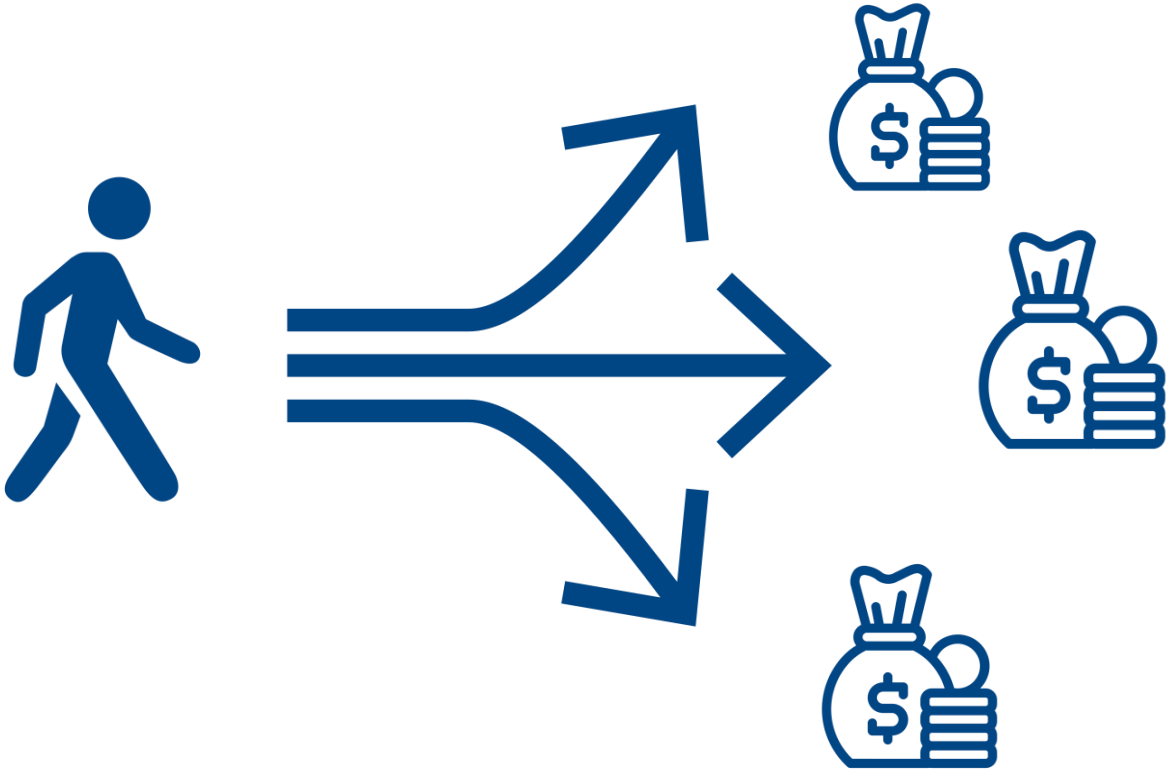
What if we enabled you to quantify that impact in your local area for your local decision makers?

How do we do this?

Our system of interdependencies



Informing investment decisions – at a system level



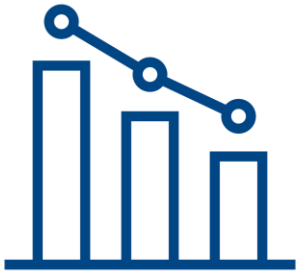
They take evidence to create causal links



Activity or service

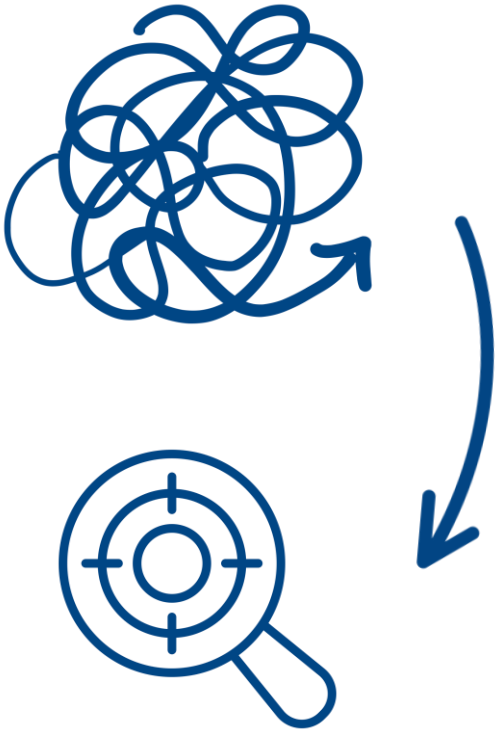


Has an impact



Has a financial value

Return on Investment



The most effective ones are focused on the things that your **target audience can't get elsewhere.**

In the current **financial** context, we tend to focus these on fiscal impacts.

An ROI should not replace, but **augment**, patient outcomes and stories

Return on Investment

DATA INPUT AND ANALYSIS OUTPUTS

Boxes coloured blue or purple require you to input data, white and grey boxes are the results of the analysis. They draw on analysis from t

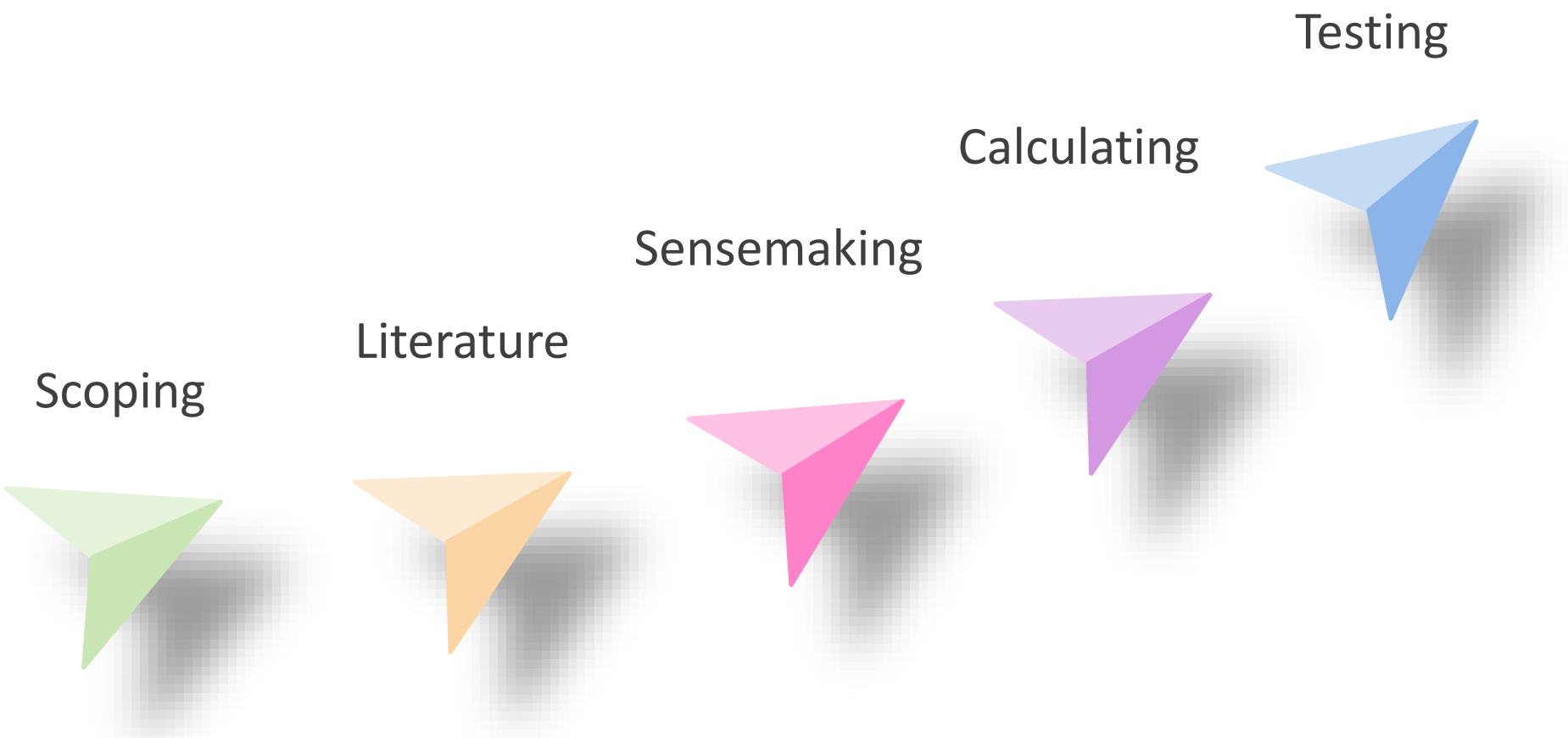
EXERCISE PROGRAMMES	Number of people over 65 you are supporting			Nu
aged 65 - 84				
aged 85+				
Cost of intervention	£			
Outcomes from exercise programmes	**Financial Value**		**Unit Value**	Fina
Reduced primary care face to face appointments	£0.00	0.0	Appointments	
Reduced primary care home visits	£0.00	0.0	Home visits	
Reduced primary care telephone triage	£0.00	0.0	Telephone triage contacts	
Reduced outpatient appointments	£0.00	0.0	Appointments	
Reduced prescriptions and medication	£0.00	0.0	Medication units	
Reduced emergency department visits	£0.00	0.0	ED visits	
Reduced hospital admissions	£0.00	0.0	Bed days	
Total	**£0.00**			
ROI ratio	**#VALUE!**	**for every £1 spent**		

OCCUPATIONAL THERAPY	Number of people over 65 you are supporting			Nu
aged 65 - 79				
aged 80+				
Cost of intervention	£			
Outcomes from occupational therapy	**Financial Value**		**Unit Value**	Fina
Reduced emergency department visits	£0.00	0.0	ED visits	
Reduction in hospital admissions	£0.00	0.0	Bed days	
Total	**£0.00**			

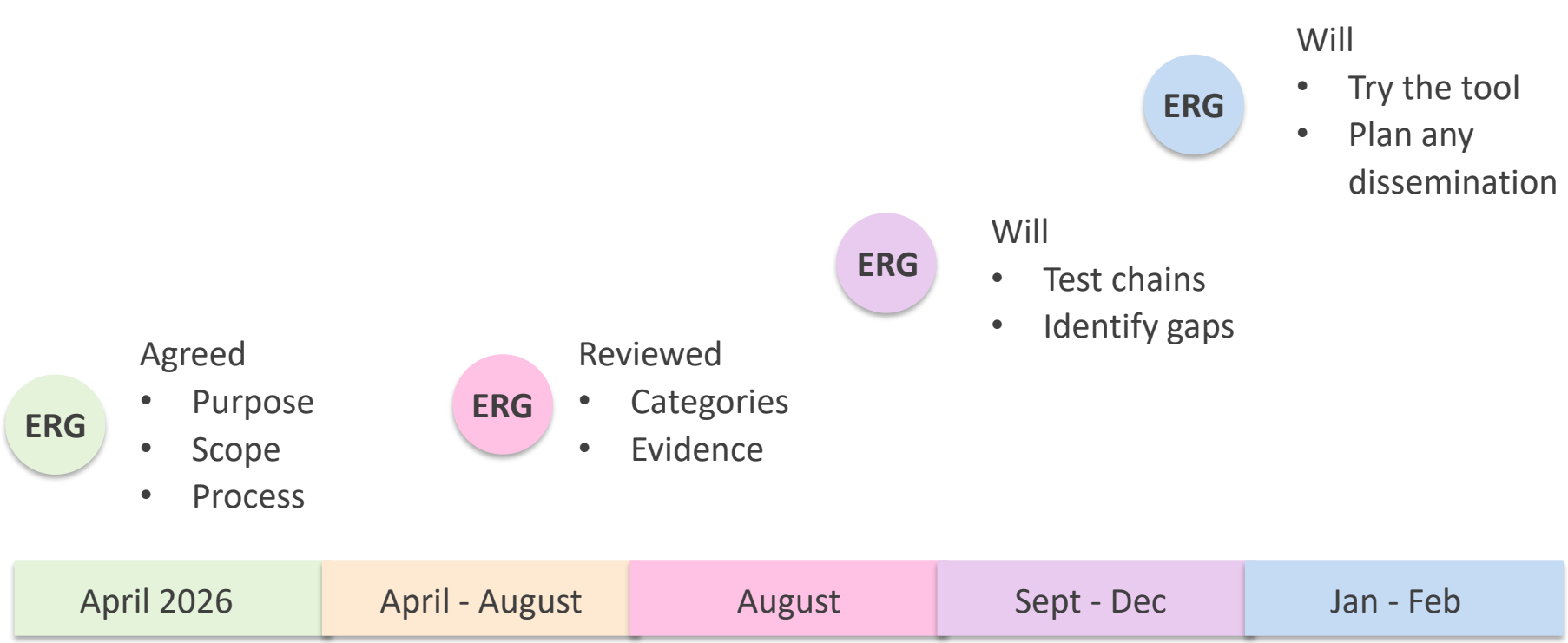
hisengage.scot/equipping-professionals/strategic-planning-in-health-and-social-care/resource-directory/return-on-investment-within-strategic-planning/

So where are we up to on this?

Guided by an Expert Reference Group



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Questions for you

Questions for you

What have we missed?

Questions for you

How will you use this?

Get in touch

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