SPPC Response to Some Aspects of the Scottish Parliament Health and Sport Committee Pre-budget Scrutiny

Budget context

Q6) 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?

THE CHALLENGE

Providing care for people approaching the end of their lives is a major part of the work of the health and social care system in Scotland. One in three acute hospital beds are occupied by people in their last year of life. The majority of residents in care homes for the elderly are in the last 18 months of life. Frail older people are the biggest recipients of care at home support.

The next 20 years will see a steady increase in the number of people dying in Scotland each year. By 2040 it is projected that 65,757 people in Scotland will die each year, a 16% increase on 2016. To put this rise in context, by 2040 as many people will die every year as have died during the first 12 months of the COVID-19 pandemic . It is expected that on average people will die at an older age – including a 59% increase in deaths of people aged 85+, who will account for 45% of all deaths (up from 33% in 2016) .

Alongside the growth in the numbers of people dying there will be an increase in the numbers of people needing palliative care. By 2040 it is estimated that between 74% and 95% of those who die would benefit from a palliative approach . It is projected that 14-20% more people may need palliative care by 2040. Cancer and dementia will increase as the main underlying causes of death, but even more significant will be an increase in multi-morbidity. The care of people with multi-morbidity can be complex and require greater integration of services. The proportion of people dying from multiple chronic progressive diseases spanning different disease groups will rise by 60%. Such deaths will account for 46% of palliative care deaths by 2040.

Since on average people have an extended period of ill health towards the end of life those living with serious illness and multi-morbidity significantly outnumber the number of people who die each year . There will be uncertainty about how and when their health may deteriorate, and uncertainty as to whether any particular episode of deterioration will lead to death or be followed by an extent of recovery. The numbers of people with multi-morbidity who are in caring roles will also increase.

Making and guiding decisions about clinical care for people with multi-morbidity is difficult because of the uncertainties involved. Medical advances widen the range of possible interventions but without necessarily providing any greater certainty as to outcome. The balancing of possible risks and possible benefits becomes more complicated.

The number of children living with a life-shortening condition has increased over time. Complete prevalence has risen from 92 children per 10,000 in 2009/10 to 130 in 2018/19. This equates to 16,742 children across Scotland in 2018/19. Of these 5,789 had one or more inpatient stay in

hospital during the year. Of those admitted to hospital, approximately 40% were unstable, deteriorating or dying. The data shows that 149 children died in 2018/19, 28% of those who died were under 1 year old

EXPENDITURE ON CARE TOWARDS THE END OF LIFE

A very significant proportion of Scotland's total health and social care expenditure relates to providing care and support for people approaching the end of life. Average costs increase steeply in the last few months of a person's life. For example, 95% of people use unscheduled care services in the last year of life, accounting for £190m of expenditure alone. Based on a recent Scottish study annual secondary care costs for people in the last year of life can be conservatively estimated at £480m.

Unfortunately patterns and amounts of expenditure are currently largely the result of a system which is fragmented and reactive. As a result resource use is often not aligned to what the public value, and resources could be used more efficiently and effectively. The Health and Sport Committee Inquiry into palliative care in 2015 noted the absence of information relating to expenditure relating to palliative care. The publicly listed National Integration Indicator relating to end of life care expenditure has never been developed or data gathered and published. At local level arrangements for planning and commissioning palliative care remain under-developed.

RECCOMENDATIONS

Improving the way in which palliative care is provided has an important contribution to make in meeting the financial and quality challenges facing NHS Boards and HSCPs. SPPC suggests the following:-

1) Establish a visible locus of senior leadership and accountability for the improvement of palliative care at local level, with authority look across the system and sponsor redesign and resource reallocation.

2) Establish interagency partnerships charged with improving palliative care. These partnerships will need representation from across the system, and need time to develop relationships, trust and shared ownership of improvement.

3) Such partnerships must share accountability for outcomes which are measured, understood, reported and published

4) There is scope for making better use of existing data whilst awaiting the improvement of data

Q 9 Is the achievement of financial sustainability a realistic prospect in the face of continuing pressures around pay costs, treatment costs and

rising demand?

Financial sustainability requires consideration of funding levels as well as demand and cost pressures. As a nation we need to consider realistically the levels and modes of taxation necessary to fund first class modern healthcare and social care.

Mark Hazelwood
CEO, SPPC
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