

# Macmillan's priorities for the NHS in Scotland

## Background

**In Scotland**, Audit Scotland have called for NHS Scotland to develop a long term financial plan for the NHS and move towards more sustainable finance. Scotland faces the same key challenges that NHS England have; an ageing population, workforce and limited financial resources. In 2016/17, the health budget was £12.9 billion, which was 43 per cent of the total Scottish Government budget, and whilst funding to NHS boards has continued to increase, boards are also being asked to make record levels of savings as the costs of running the NHS also continue to rise.

Per person, Scotland has the highest spending on health care of any country in the UK, with the Nuffield Trust suggesting it is probably necessary to reflect the higher health needs in Scotland due to factors like greater deprivation, and more people living in remote areas and on islands. Nuffield also pointed out that the need for savings is at least as great as for other UK countries, but that lack of national planning, and "polarised, hostile political context" has made having a "honest national debate difficult."

The growing number of people living with cancer means that we must act now to ensure the NHS can face future challenges and achieve world-class cancer outcomes for everyone who is affected by cancer. By developing a longer term financial plan for the NHS as a whole, the Scottish Government would be able to give more flexibility to health boards to achieve the long term vision of reducing health inequalities and providing the transformational change needed in the system.

## Macmillan believe that a long-term plan must:

### **1) Strategically address the challenges facing the cancer workforce to enable them to deliver high-quality patient care and support self-management across the cancer pathway.**

Any new long-term plan for the NHS must be underpinned by a consideration of the future shape and skills mix of the workforce. This means ensuring the workforce is expanded, upskilled and supported to confidently deliver high-quality care and utilise advances in technology.

Macmillan's vision is for a workforce that can deliver holistic, patient-centred care and support based on the needs and experiences of the individual person. The plan must also consider how we can best support salaried and unsalaried carers in supporting self-management of care, whilst recognising that this does not substitute for the paid workforce.

### **2) Strategically plan how the NHS will both meet existing commitments as well as transforming cancer services to achieve world class cancer outcomes.**

Macmillan supported the development of the Scottish Government Cancer Plan in 2016 *Beating Cancer: Action and Ambition*. However, there is progress still to be made on many of the

commitments such as ensuring that people living with, and after, cancer treatment have access to information, advice and support tailored to their individual needs, and the roll out of the *Improving*

the Cancer Journey programme across Scotland. Given that the 62 Day Cancer Waiting Time target has now been unmet now since 2013, a long-term plan must consider how the NHS can both achieve core targets and existing commitments as

well as delivering ambitious plans for transforming services.

**3) Take a long-term view to enable effective planning for changing demographics and to enable sustainable allocation and prioritisation of resources to meet present and future demands.**

A long-term plan must acknowledge the length of time and amount of funding required to provide a sustainable set of reforms that will enhance the quality and efficiency of the health and care

system. This includes reducing variation in treatment and patient outcomes and ensuring equity in cancer care delivery.

**4) Ensure both health and social care are sustainably funded to provide integrated and high-quality care.**

A long-term plan must prioritise developing services which are integrated within health and social care. People living with cancer experience severe levels of need and many face uncertain prognoses, and integration within and across health or social care settings is necessary to deliver better coordinated and personalised care.

The Improving the Cancer Journey experience in Glasgow is an example of how an integrated approach to implementing the components of the Recovery Package across health and social care can lead to an improvement in quality of life, person-led post-treatment rehabilitation and ability to self-manage.

**5) Deliver personalised care to improve the quality of life and experiences for people living with cancer.**

A personalised care approach is necessary throughout a person's cancer journey to improve cancer outcomes and quality of life. The Transforming Care After Treatment programme is working to put systems in place so that secondary and tertiary hospital cancer services communicate and work with primary and community health

services, social care and the third sector to ensure the transition from acute care is not only supportive but meets the needs of the individual. A long term plan should ensure the learnings from TCAT are embedded so that current and future needs can be coordinated across health and social care.

**6) Harness technological advances to benefit people living with cancer in the shifting landscape of healthcare delivery.**

A long-term plan must adopt new technologies like artificial intelligence and genomics at the forefront of healthcare delivery. The plan should prioritise upgrading current technology and digitising cancer services across health and social care. However, it should recognise that technology is not a substitute for the workforce. Scotland's rural and remote areas – the

Highlands, the Western Isles, Shetland and Orkney – are by far the most remote in the UK, and whilst it is important to consider how technology can support services, it is also vital that there is a plan put in place to drive recruitment and retention of clinicians in our remote and rural communities.

**7) Tackle health inequalities by reducing variation, ensuring equity in cancer care delivery and improving cancer patient experience.**

A long-term plan must recognise that health is determined by a wide range of social, economic and environmental factors. This includes but is

not limited to health inequalities such as age, socioeconomic status, deprivation, low income, ethnicity and access to information, treatment and

support. We should recognise in Scotland that there is a significant deprivation gap in terms of cancer outcomes. People living in the most deprived areas of Scotland, are most likely to be diagnosed with breast, colorectal and lung cancer at stage 4, the most advanced stage of the disease, whereas those living in the least deprived areas are most likely to be diagnosed at stages 1 or 2. Mortality rates for all cancers combined are also 61% higher in the most deprived compared with the least deprived areas.

Almost 80% of those who used Macmillan's Improving the Cancer Journey service in Glasgow were from deprived areas. This service offers everyone in the city with cancer an assessment of their financial, emotional, practical and medical needs, and then signposts to further support. We want to use the learnings from our engagement with communities to ensure that any plan addresses the wider determinants of health to improve cancer outcomes and quality of life.