

Scottish Labour Scotland's NHS Recovery Plan

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Background

Covid-19 has reminded us all of the crucial value of our NHS, available to everyone in their time of need and keeping us safe from disease. It was the need to protect the NHS that brought us together as a country, determined to defeat Covid-19 and save lives. In the face of the pandemic, health and care services sprang into action, reorganising with immense speed; developments we thought would take years were in place within a matter of days or weeks. We stood on our doorsteps and applauded the NHS and social care heroes who faced the deadly virus but carried on, determined to continue caring for the sick.

NHS services have not been overwhelmed, thanks largely to the Scottish people, who followed the restrictions and stayed home to prevent the virus spreading.

But this has not come without a cost.

Patients already experienced long waits in the NHS before Covid-19. In 2019 there were over 6,800 cancelled operations because of a lack of hospital capacity¹ and the SNP had never met their legal 12 week waiting time target.² The lockdown of the NHS has delayed treatment even further, resulting in twice as many people on waiting lists, who have already waited over 3 months, compared with 2019. In addition, there are over 100,000 and 500,000 people potentially missing from inpatient and outpatient waiting lists, respectively, who could likely be identified and referred once services fully restart.³ Unless action is taken, there is again a risk that the NHS could be overwhelmed.

NHS staff are exhausted. Despite being more likely to contract Covid-19 and become severely ill, staff have worked under intense pressure to keep services going. Rota gaps and heavy workloads were already a pressure before Covid-19; data shows there are over 3,200 nursing and midwifery vacancies and 377 vacant consultant posts across Scotland.⁴ Warnings about the risk of burnout are now all the more serious; staff are the backbone of the NHS and they must be properly supported if services are to be restored.

A third of Covid-19 deaths have occurred in care homes where the workforce has had to fight for equal access to the PPE and testing they needed. There have been grave concerns that cuts to home care packages, and the guidance not to transfer care home residents to hospital, violated human rights.⁵ Families have been locked out of care homes, unable to visit residents and fearing for their isolation. But concerns had been raised long before Covid-19 about the lack of fair work and sustainable funding in social care. The need for reform is clear.

The restrictions themselves have also been damaging for health and wellbeing. Separation from our loved ones and managing the pressures of last year have increased feelings of

¹ <https://beta.isdscotland.org/find-publications-and-data/healthcare-resources/waiting-times/cancelled-planned-operations/>

² <https://beta.isdscotland.org/find-publications-and-data/healthcare-resources/waiting-times/nhs-waiting-times-stage-of-treatment/>

³ Ibid

⁴ <https://turasdata.nes.nhs.scot/workforce-official-statistics/nhsscotland-workforce/publications/01-december-2020/>

⁵ <https://www.scottishhumanrights.com/media/2102/covid-19-social-care-monitoring-report-vfinal.pdf> and <https://www.scottishhumanrights.com/news/commission-statement-on-human-rights-in-care-homes/>

loneliness and distress. The economic impact, and the growing risk of job losses, means that thousands are also worried about financial insecurity. Mental health services were struggling long before the pandemic and in the future they must be a priority for Scotland's recovery.

Covid-19 has also not disappeared, but this lockdown has to be our last. The vaccine has given us hope that we can defeat the virus but as restrictions are lifted, we must ensure cases do not again spiral out of control. To date the response from the Scottish Government has been too slow and small scale. Scotland's recovery needs to be supported by widescale testing to hunt down the virus, more robust contact tracing, and support for individuals who need to self-isolate to keep everyone safe.

Restoring the NHS and Scotland's health will be key to Scotland's recovery but we cannot merely go back to the way things worked before. This plan sets out the immediate steps that Scottish Labour believe are necessary to recover health and care services and set them on a stronger and renewed path for the future.

1. Get cancer treatment back on track

Screening programme catch up

In 2020 there were over 43,000 breast cancer screening appointments cancelled by the NHS and at least 180,000 cervical screening tests were delayed.⁶ With 7,000 missing cancer diagnoses⁷ we urgently need to get these programmes back up to speed and identify those who need treatment. We will implement a **catch-up initiative across our screening programmes** by increasing staff and processing capacity in screening services to clear the backlog of appointments by the end of 2021/22. This will be supported by the national roll out of new innovations in screening, such as self-sampling for cervical screening and the roll out of lung checks for those most at risk of developing lung cancer.

Establish Rapid Diagnostic Centres

Catching cancer as early as possible gives patients the best chance of survival but in Scotland there are long waits for diagnostic tests and the 62 day target for urgent referrals has not been met since 2012.⁸ A lack of coherent workforce planning has also left Scotland without the diagnostic workforce that we need. Scottish Labour will therefore establish **Rapid Diagnostic Centres** where GPs can refer patients who have suspicious but unclear symptoms to undergo tests and scans for cancer within days, not months. These centres will initially be staffed by upskilling the existing workforce and getting the right mix of professionals in place. Over time we want these centres to be at the heart of training and developing the workforce, as well as trialling new innovations in diagnosis.

These centres have been running in Wales since at least 2017 and have been shown to reduce waits for some patients by up to 92 per cent.⁹ By the end of 2021 we will have a Rapid Diagnostic Centre in at least each of the three regional Cancer Alliances to ensure that the referral targets are finally met. By the end of the Parliament, every health board should have a Rapid Diagnostic Centre so that every patient receives their diagnosis within two weeks.

Provide a single point of contact

Receiving a cancer diagnosis can be one of the most frightening pieces of news to hear. This is especially true when we are still coping with the impacts of Covid-19. Having cancer can come with many other pressures; although one in three people with cancer are severely financially impacted by their diagnosis, 40 per cent of patients tell us they have not received information on financial help or benefits.¹⁰

We will ensure that every patient receives a **dedicated cancer support worker** to guide them through their treatment journey, carry out a personalised assessment of their emotional and practical needs, and offer advice and support on how to access financial assistance.

6 <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-33849&ResultsPerPage=10> and <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-33254&ResultsPerPage=10>

7 <https://www.heraldscotland.com/news/19151088.coronavirus-estimated-7000-scots-living-undiagnosed-cancer/>

8 <https://beta.isdscotland.org/find-publications-and-data/conditions-and-diseases/cancer/cancer-waiting-times/>

9 <https://www.bbc.co.uk/news/uk-wales-51094480>

10 <https://www.gov.scot/publications/scottish-cancer-patient-experience-survey-2018-national-report/>

Invest in research and clinical trials

Clinical research was paused at the start of the pandemic and it is estimated that around 2,500 Scottish patients are likely to have missed opportunities to participate in potentially life-saving trials. Many large funders have also been impacted by the pandemic so we will work with the medical research community to protect Scotland's research expertise and ensure our health system continues to support and foster clinical trials and research.

2. Improve mental health care and support

Scotland was facing a growing mental health crisis with too many people struggling to access the health and support they needed. Covid-19, and the necessary restrictions, have resulted in many more people across the country experiencing loneliness, isolation, anxiety and worsening ill mental health. Over a quarter of Scots have suffered from high levels of psychological distress during the pandemic.¹¹ Yet, services have not managed to keep up with demand. Almost 25,000 calls to the NHS 24 Mental Health Crisis hub have gone unanswered and one in four young people are still being rejected from CAMHS.¹²

Improve access to support

The Government have never met their 18 week CAMHS waiting times target and most recent figures show that there are more than 1,500 young people who have been waiting over a year.¹³ Scottish Labour will reform the system and implement **a new referral and triage service** to operate a “no wrong door” approach and ensure that every referral is signposted to the right support and no person is rejected. This new approach will mean that services are able to operate within their targets and waits will fall to become more aligned with the 28 day – 6 week standards elsewhere in the UK.¹⁴

People also need support closer to home. One of the places people turn to for help is their local GP so we want to improve the mental health offer within Primary Care. As well as strengthening links with community mental health services, by the end of the Parliament Scottish Labour will ensure that **every GP practice in Scotland has access to a dedicated mental health worker** who can work within practices to support patients and help reduce pressure on GPs. We will also support the **full digitisation of specialist mental health services** so virtual consultations are an accessible option for all who want them.

While we welcomed the development of 24/7 mental health assessment hubs it is clear that capacity is outstripped by demand. People in crisis need somewhere to turn so every health board should have a **dedicated mental health A&E** where patients can be triaged and fast-tracked to the right services. We will also produce a fully funded 10 year suicide prevention strategy to reverse the increase we have seen in recent years.

Increase resources

Only 8.5 per cent of the Scottish NHS budget is spent on mental health but services are in clear need of resource. Scottish Labour **will increase the mental health spending so that it reaches 11 per cent of the health budget**, the same level as in England and Wales.

Promote good mental wellbeing

We have committed to offering every Scottish pupil a **mental health assessment** as part of their personal comeback plans and we are committed to offering access to counselling

¹¹ <https://www.gov.scot/publications/scottish-covid-19-mental-health-tracker-study-wave-2-report/pages/7/>

¹² <https://beta.isdscotland.org/find-publications-and-data/conditions-and-diseases/mental-health/child-and-adolescent-mental-health-services-camhs-waiting-times/>

¹³ Ibid

¹⁴ <https://commonslibrary.parliament.uk/research-briefings/cbp-7196/>

across Scottish schools.

It is important too that as workers return to offices and workplaces that they are supported by their employers. We will implement **a back to the workplace support programme**, offering training and support for businesses to help them better understand the importance of mental wellbeing at work and how to encourage healthy work environments.

3. Address the backlog

The pandemic has shown that NHS innovation does not have to be slow. When Covid-19 arrived it took weeks, not months or years to restructure services and roll out digital access to appointments. But unless we act decisively, we risk losing that pioneering and innovative culture that has seen us through the pandemic. We need equal ambition if we are going to tackle the care backlog and get services back on track.

Capital investment strategy

We want to embed the benefits of **digital healthcare** with increased access to virtual consultations, better data sharing between services, e-prescribing, and online booking of appointments. But that means virtual ways of working must be reliable and well connected; digital healthcare should improve efficiency, not reduce it, so we will invest in IT infrastructure and develop consistent IT and data systems across the NHS. We also need to prevent inequalities by acting to mitigate digital exclusion and maintain patient choice over how they access appointments.

Hospitals are still a key source of Covid-19 infections, so services need space for social distancing if clinics are to get back up to full capacity. To achieve this, we will carry out a rapid infrastructure review to ensure we are maximising the existing estate, including the Golden Jubilee National Hospital. Following the first wave, the NHS Louisa Jordan was also repurposed and hosted over 32,000 outpatients and diagnostic appointments. Using a similar model we will establish **designated outpatient and elective centres** in each health board to triage the waiting lists and clear the backlog. Over the longer term each major hospital should have an elective care site to manage waiting lists and reduce the level of cancelled operations.

Reductions in capital funding over the past ten years have resulted in a maintenance backlog across the NHS of over £1 billion but long-term capital plans have been repeatedly delayed.¹⁵ The pandemic has also highlighted the limitations of many of the sites currently being used by GP and dentist surgeries. We will set out a long-term **NHS investment strategy** to restore capital spending to previous levels, and repair the damage caused by real terms cuts over the past decade.

Better community support to identify and help those most in need

Recovering Scotland's health requires more than hospital treatment. Before the pandemic, delays to hospital discharge and high levels of emergency readmissions were a constant pressure on hospital capacity and a sign that patients needed better care in their homes and community. We need to support wellbeing more broadly and that is especially true for those living with long Covid.

To help people manage their condition better at home we will roll out nationally the **Home to Hospital service** pioneered by Chest, Heart and Stroke Scotland. A **Right to Rehab** will aid patient's recovery following hospital care and support individuals living with chronic health conditions to achieve their full potential. We will also establish a **network of specialist Long Covid clinics** for individuals recovering from the virus and living with recurring symptoms.

After cancer, leading causes of death in Scotland include heart disease and stroke. The

¹⁵ <https://www.audit-scotland.gov.uk/report/nhs-in-scotland-2020>

shift to remote consultations, and the size of the clinical backlog, mean there will many individuals living with deteriorating conditions and some who do not yet know they are at risk of cardiovascular disease. Chronic health checks need to be restarted as soon as possible to support those who have missed their annual check. Scottish Labour will also develop new long-term strategies for heart and stroke to streamline patient pathways, improve patient experience, and roll out new treatments..

4. Value the workforce

NHS staff have been the heroes on the frontline of the pandemic, working tirelessly to save lives and care for our loved ones. We are indebted to every member of NHS staff who put themselves in the path of the virus and kept services operating. But the pressure of Covid-19 has extracted a heavy toll from the workforce, many of whom were raising concerns about workforce shortages and staff burnout long before the virus struck. We will never be able to restore services and successfully tackle the backlog without caring for those who care for us. Recognising and supporting staff means offering more than warm words or weekly claps.

Pay

We welcome the announcement of a 4 per cent pay rise for NHS staff in Scotland. However, the historic real terms decrease in the value of staff pay means there is a need for a **sustainable and long-term pay deal** for the workforce. This must prioritise lifting the salaries of the lowest paid and ensuring that NHS Scotland is an attractive place to train and work.

Retain skills and experience

There were warnings that pressure on the workforce would lead to people leaving the NHS and taking early retirement. Covid-19 has exacerbated this challenge, just when we need their skills and expertise the most. We will offer a **working time review** to every staff member considering retirement. This will offer more flexible working arrangements and the option to rebalance their time to further support research, training and development, and the effective triage of the backlog of care. We will also offer opportunities to those staff who volunteered during the pandemic to return to the NHS to continue supporting clinical work where this is possible or desired.

Best place to recover, work and train

In the future, workforce mental health and wellbeing needs to be taken seriously. To help staff decompress following the pandemic we will increase resources in occupational therapy and **offer a specialist health service within Scotland** so that health care professionals have somewhere confidential to turn to when they need mental health support now and in the future.

Basic facilities like access to hot meals or break rooms should be the norm, not temporary arrangements during a pandemic. We will ensure that all staff have access to adequate catering, good internet connectivity and rest spaces, and that these facilities are prioritised in future NHS building projects.

The demands on staff in the past 12 months have been immense so we will ensure that in the next year they will get **protected training time and a skills catch up plan** so they do not fall behind on their career training or are penalised for being redeployed during the pandemic.

Grow the workforce

Over the longer term we need a workforce plan that builds capacity to meet future demand, while prioritising work-life balance for staff. We will **increase the number of Scottish-domiciled places in medicine and nursing courses and double the number of places on the Widening Access to Medicine Programme to 100** to increase the opportunities for students from deprived backgrounds to study medicine.

Skills mix is also essential so we will **introduce minimum student intakes and increase training places** for subjects such as physiotherapy, pharmacy, diagnostic radiography and other allied health professional roles.

5. Deliver a National Care Service

The health service relies on patients getting good care in the community. This is especially the case as the population ages and there is an increase of people with multiple morbidities who need support. Scottish Labour have called for the reform of social care and the establishment of a National Care Service since at least 2011. The Scottish Government and the then Health Minister, Nicola Sturgeon, rejected our proposals. Ten years on, the Covid-19 pandemic has exposed the long-standing issues in social care that the SNP Government have failed to address. A third of Covid-19 deaths have occurred in our care homes and the Scottish Human Rights Commission have raised serious concerns about the damaging cuts to home care services over the pandemic.

Additional resourcing

Under-resourcing through cuts to local authority budgets has become a chronic issue in social care. We agree with the recommendations of the Feeley Review¹⁶ that the resourcing of social care needs to be a national priority. We will ensure social care support is **freely available at the point of need** across the entire country by reversing the recent narrowing of eligibility criteria and removing all non-residential charges.

Keep services local

We have consistently said that the establishment of a National Care Service must retain local expertise, accountability and community input. We do not support huge structural changes in care as these would take years to implement and centralise rather than devolve power to local people. Instead, we will create **National Care Contracts** to deliver consistent standards on quality, funding and sectoral bargaining. National level negotiations will reduce time spent on repetitive procurement processes and free up local authorities and providers to get on with designing and delivering the care that local people need.

Respect the workforce

Staff have been on the frontline in the fight against Covid-19, protecting and supporting our loved ones who rely on care services. Yet, they have regularly had to fight for equal treatment from the SNP Government for themselves and the people for whom they care. Although social care workers are skilled professionals, research has shown that average pay in social care is less than £10 per hour and almost 1 in 5 do not have a permanent contract.¹⁷

It is not an accident that low pay and insecure work are overlooked or dismissed in the social care sector; with a predominately female workforce, it is a long-standing issue of gender inequality. Wholescale reform of social care is necessary but there is an urgent need to address the poverty pay that is endemic in the sector so we will work to raise minimum salaries to £15 per hour, with an **immediate pay rise** for all social care staff to £12 per hour.

¹⁶ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/>

¹⁷ <https://www.fairworkconvention.scot/our-report-on-fair-work-in-social-care/>

Unpaid carers

The past year has been especially tough for our unpaid and young carers who have had caring responsibilities as well as trying to keep up with remote learning. We will ensure that young carers have a break and are able to fully participate in Scottish Labour's proposed Summer Comeback Programme by providing the appropriate respite facilities. Young carers will also be a priority for support through our Education Comeback Plan and personal tutoring programme.

Carers are also more at risk of losing their job in a difficult labour market. We will develop a **Carers' Employment Strategy**, to support good work for those with caring responsibilities, and ensure it is embedded within our wider jobs and economic recovery.

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