

Rhoda Grant MSP

Speech in the Scottish Parliament

3 June 2010

National Health Service

We are proud of the NHS, and our constituents rightly expect us to ensure that the service continues to deliver for them.

That expectation is why so many parties in the latest UK general election stated that they would protect health spending.

Unfortunately, in Scotland, where we have an increased budget, NHS boards are now facing cuts.

More nats, fewer nurses.

Those cuts are happening now.

Between Christmas and the end of the financial year, NHS Highland closed beds in an essential rheumatology unit to make cash savings.

It did not pretend that that was done to improve patient care; rather, it needed to save money.

It is now reviewing that service in order to move it closer to patients, but it has stated that any changes must be cost neutral.

Everyone knows that it takes more staff to deliver services closer to people's homes, especially in remote and rural areas, where professionals must travel large distances to get to their patients.

How can the changes be cost neutral when more staff will inevitably be needed to deliver the same level of service? The only conclusion that I can reach is that that is another cut rather than a service improvement.

The rebalancing care argument has been used to cut beds in various local hospitals throughout the Highlands, but there has been no corresponding rise in staffing numbers in the community.

The Government and health boards deny that those cuts impact on patient care.

However, following recent bed closures at Portree hospital, a patient told me that they were forced to travel to Broadford hospital because no beds were available in Portree. They were required to make a journey of more than 26 miles on poor roads that can be treacherous in the winter.

I cannot see any efficiencies in that or any improvement in patient care.

I want to touch on the inequalities of health board funding allocations due to the NHS Scotland resource allocation committee formula.

That formula was implemented in 2008, despite the adverse impact that it would have on remote and rural health boards.

At that time, the cabinet secretary acknowledged that the data that were used for the formula were poor at best. Because of that, she set up the technical advisory group on resource allocation to review the data and refine the formula.

That group has been sitting since then, but the formula remains unchanged.

I was told in an answer to a written question that it met only four times last year and that it would report early this year.

From subsequent questions, I have learned that it will not report until August.

Why the delay?

What action has the cabinet secretary taken to speed up the review?

I suspect that the advisory group could more aptly be called the long grass group. Perhaps the Minister for Public Health and Sport will reassure me.

Shona Robison: *Will Rhoda Grant clarify that it is Labour's position to oppose the NRAC formula? If so, what health boards would it take money from to make the funding change that is being suggested? Clarity on that would be useful.*

Rhoda Grant: I do not think that any party supports a formula that is based on data that are not right.

The cabinet secretary has admitted that the data are incorrect and she has set up an advisory group, which is indeed a long grass group.

Rhoda Grant: Delivering health care in remote and rural areas is more expensive because of sparsity and geography.

NRAC has forced NHS Highland to consider cuts that were previously thought to be too scary and untouchable.

It does not take an advisory group to tell the cabinet secretary that the formula is wrong and that it needs to be changed.

I and other Highland MSPs recently met NHS Highland, which told us that it was looking at a staffing cut of 100 people—70 from management and administration and 30 from the nursing staff.

That begs the question how services can be delivered closer to the community with fewer nurses.

Therefore, we rightly complain about cuts in nursing jobs.

There will be cost savings by caring for patients in the community, but they will not come from cutting nurses.

We cannot ignore the jobs of backroom staff either.

Less administrative support will mean that medical and nursing staff will take more time away from direct patient care to do administrative work.

My mother was in hospital recently, and most of my dealings were with nurses and doctors, but I was given valuable information and support by ward receptionists and medical secretaries.

If that support were removed, it would place an additional burden on front-line staff.

Although we rightly guard nurse numbers, we must also ensure that we value the support workers and their jobs. New technology can create efficiencies.

However, the health service is not renowned for its fast implementation of technology.

We face problems with the number of junior doctors, which has fallen from 4,500 in 2008-09 to 2,400 this year. In the past, health boards faced challenges filling junior doctor posts in some of their most remote and rural areas, and indeed in some specialties.

In August last year, NHS Highland had 27 unfilled vacancies, seven of which have still to be filled.

With numbers falling, it is impossible to see how the situation will not be worse this year.

If those posts are not filled, locums will be required to fill the gaps, leading to higher costs.

I raised those concerns with the cabinet secretary in health questions, and she appeared unconcerned. I ask her to look again at the issue to ensure that it does not become a problem.

Efficiency is welcome, but cuts are not.

The Scottish people rightly value their health service and its dedicated staff.

Those staff do not need uncertainty.

They do not need to see their jobs slashed—such cuts would be a false economy.

The health service needs to be modernised and to use technologies to deliver services more efficiently.
Cutting front-line staff to balance the budget is not the answer.