Plan for the Future
Healthier Together
2022 - 2028

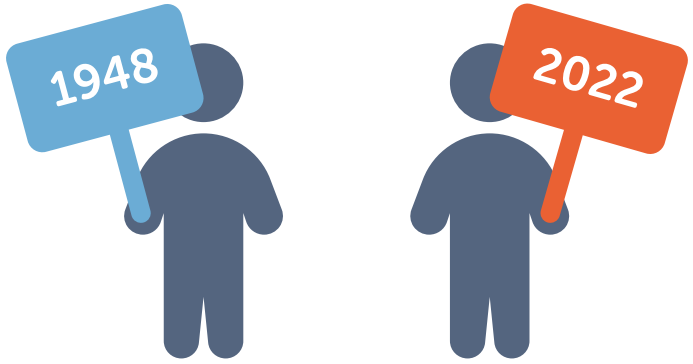
A CASE FOR CHANGE

NHS Grampian

The NHS has come a long way, but it is at a critical point

When the NHS was founded in **1948**, the average life expectancy was between **66** to **70** years of age; now it is **81** years of age. The healthcare challenges we face now could not have been imagined by the founders of the NHS. We must continue to adapt to deal with these challenges, as well as economic pressures and the climate emergency. The pandemic has shown us healthcare is a global issue. What happens in other parts of the world affects us here in Grampian.

Not everything is within our control, not everything is our sole responsibility, but there are changes we can and must make to improve population health and try to live within our means.



Average life expectancy:

66 to 70 years

Average life expectancy:

81 years

A CASE FOR CHANGE

1 Population Health

Life expectancy is a good indicator of the overall health of a population. The upward trends seen for decades have stalled in recent years, due in part to early deaths amongst middle aged people in disadvantaged groups. It is also affected by a slow down in those deaths which could be prevented using healthcare or public health interventions (such as heart disease and type II diabetes).

Over the last **20 years** our population has become healthier but an increasing number of people experience the burden of long-term conditions such as osteoarthritis, depression, diabetes.

Cancer replaced ischaemic heart disease as the main cause of death in the **1990s** and in recent years, dementia became the second most common cause for females. Dementia places a huge burden on formal and informal care - with higher health and social care costs than cancer and chronic heart disease combined.

Widening inequalities

Our Ten Facts about population health remain as true today as when we wrote about them in **2019**, but as the experiences of the last two years have shown us that the effect of inequality and disadvantage on health is magnified.

- **99,000** fewer referrals than normal to healthcare in Grampian during **March 2020** to **January 2022**.
- **16%** fewer cancer diagnoses in Scotland made in **2020** compared to **2019**.
- Young people, especially those already disadvantaged, may struggle to make up for lost opportunities for education and social development with lifelong consequences for health.

Wider impacts of COVID-19 on health

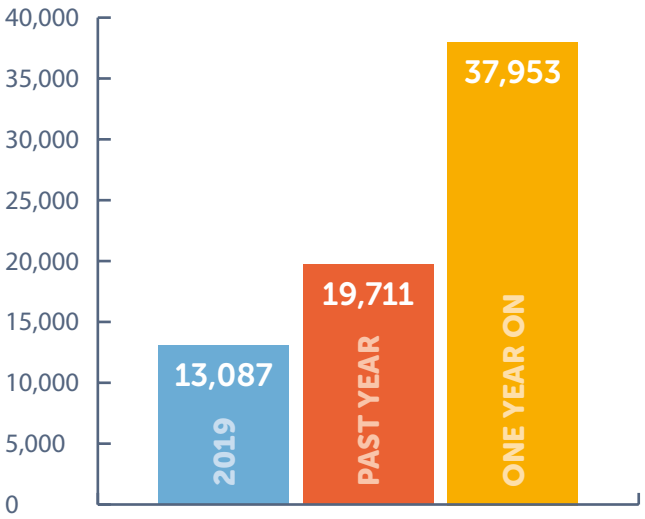
- Mortality.
- Disruption to healthcare.
- Reduction in prevention, detection and management of conditions.
- Wider societal and economic impacts that affect health.
- Wellbeing and behavioural risk factors.

2 Health Care

The British Attitudes Survey shows people want the NHS to prioritise access to care and treatment, and to increase staffing,

As we move out of the pandemic, expectations are high. People want a return to normal and access to treatment on the same grounds as they had pre-pandemic. The increase in the National Insurance levy also raises expectations.

In the next **12 months**, our waiting list for treatment in Grampian may be **30k+** more than we can manage.

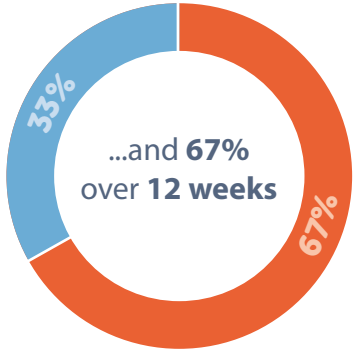


These concerns come through in local feedback...

"I worry that we have an underlying condition that hasn't been diagnosed. I'm also concerned that healthcare isn't available when we need it"

20 years ago the target for treatment was **12 months**

Now more than **1 in 4** patients in Grampian wait longer than **1 year** for treatment.



Double burden

The pressures of having to manage acute COVID-19-related impacts on the health system and the existing burden of chronic non-communicable diseases or long-term conditions mean a post-pandemic healthcare crisis is likely to be considerable.

1 in 3 adults in the UK have a long term condition which accounts for half of GP appointments, **70%** of inpatient bed days and **70%** of the acute care budget.

2.7% of the population are estimated to have Long COVID which will be a major burden on services and an enduring situation as we live with COVID reinfections.

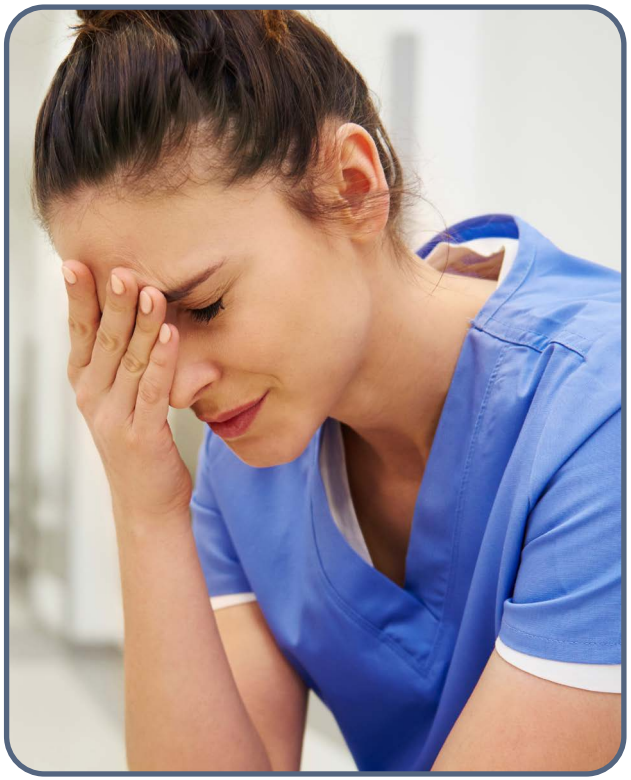
Many significant pressures ahead

The decisions on priorities **post-2022** must take explicit account of the challenges and opportunities facing the whole health and care system.

More investment is needed in primary and social care which will enhance prevention, reduce demand and reduce inequalities in access to services.

Annual financial gap of £60m projected for Grampian by 2026.

And looking **10 years** ahead with an ageing population, we would need to spend **£153m** more on healthcare if we had tomorrow's population today.



Waiting list backlog

Whilst demand continues to outstrip the healthcare capacity we have, the size of our waiting list will continue to grow by as much as **13,000** each year. And in **1 years'** time, we may have the equivalent of **4 years'** worth of activity on the waiting list.

Workforce growth

The **1%** workforce growth in national plans over the next **5 years** will be insufficient to keep up with demand for care.

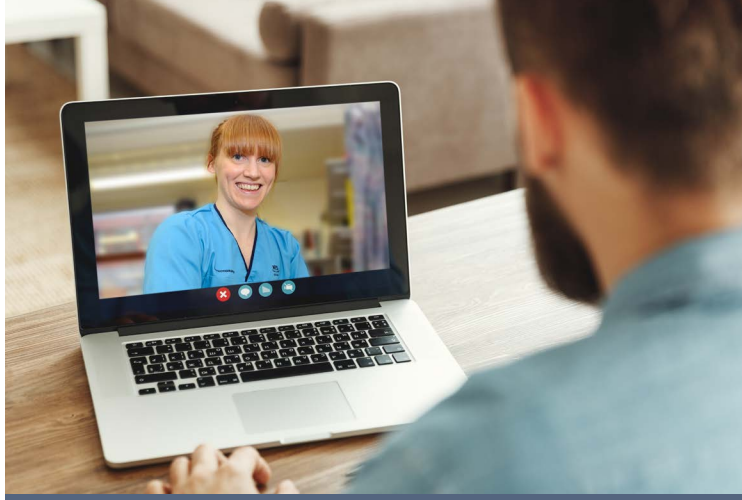
Modern diagnostics

Modern diagnostics used during COVID-19 demonstrate the wider potential for 'point of care' diagnostics. Ultrarapid test kits and point-of-care tests are a major focus of development in order to speed up the response time for treatment.

Improving when and where healthcare is delivered

Modern facilities that enable care to be delivered more efficiently.

The ANCHOR Centre will open in **2023**, the Baird Family Hospital in **2024** and planning is underway for a Nation al Treatment Centre.



Virtual consultations

Virtual consultations to see a specialist are effective for many and reduce our carbon footprint. Last year they saved patients thousands of miles of journeys.

They do not work for everyone - there will still be a place for in-person consultations.

Our focus groups highlighted the importance of making services accessible for all, particularly those living in remote and rural locations. Making wider use of existing facilities in communities is one way to help with this.

Transformation in digital technology

Electronic health records improve efficiency and their ongoing development will act as a catalyst for improving quality and safety in patient care.

Our new Industrial Centre for Artificial Intelligence Research in Digital Diagnostics (iCAIRD) is transforming the way we work, for example digital diagnostics for breast screening.

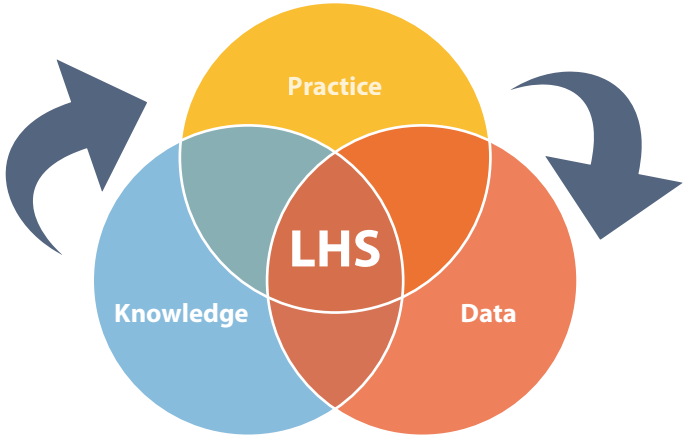
Local feedback indicates cautious support:

"Increased automation of services was always going to happen. COVID rapidly brought this on quicker. My only fear would be losing too much human contact and too quickly (some is essential and can't be replicated by automation or remote services)"

Shared decision-making in healthcare

Moving away from a 'doctor knows best' culture for a more equal partnership with people and personalising care to what is really valued.

A strong theme in our focus groups was the importance of asking **"what matters to you?"** and designing services with the person at the centre.



Learning Health System

Using science, knowledge, experience and technology means we can identify what works best in health care and then share the lessons quickly to allow others to build on what's being learned.

Prevention of harm and waste from overuse and over treatment

By freeing up resources which are currently being used to no clinical benefit, we will be able to re-invest in healthcare that people really value.

3 Climate Change

We are living in a climate emergency. This provides the biggest health advancement opportunity of this century. However, it is also the biggest risk to health globally.

A positive future is possible if we act now and show strong leadership in facing the challenge.

What legacy do we want to leave?

Our organisation has a responsibility for the environmental stewardship of its extensive estate and facilities, but in order to achieve the scale of change required we need commitment at a whole-system level.

Tackling climate change also presents an opportunity to seize co-benefits: improving the health and wellbeing of our communities, avoiding health harms and reducing health inequalities.

The Scottish Government has proposed a legally binding target of **net-zero** greenhouse gas emissions by...

2045

AT THE LATEST

SUSTAINABLE DEVELOPMENT GOALS

NHS Grampian is making progress but we are still falling short on crucial goals and targets.

There is no planet B!

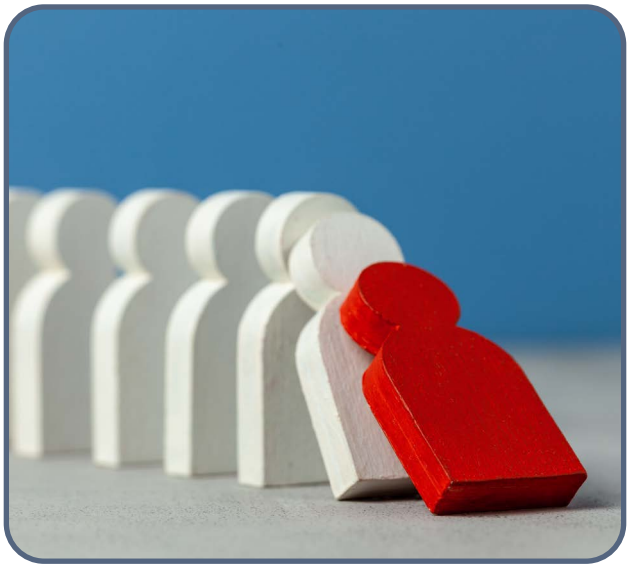
4 Health Improvement

We want to create a prosperous and flourishing society, where we each have the opportunity to enjoy the best possible health and quality of life. We need to invest now to make that a reality. Spending money in this way will:

- Reduce the number of new health problems.
- Stop existing health problems from getting worse.
- Reduce the impacts of chronic disease.

Investing in prevention means broader socio-economic impacts

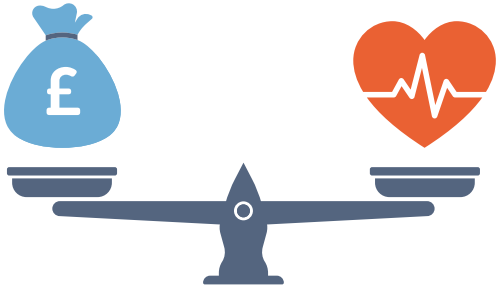
We need to challenge the perception that public health measures incur upfront costs and only provide benefits at a later date. Introducing interventions on a greater scale will reduce development costs through economies of scale and demonstrate a more sustainable use of resources of the public sector.



Being proactive, preventing ill health and intervening early were key themes identified in our focus groups. Community resources help to keep people connected socially which is good for physical and mental health.

Evidence-based prevention is cheaper and has better outcomes than clinical care, for example stopping smoking, keeping active, and eating healthily.

Twenty to One
Case studies estimate that for every **£1** spent supporting people to be active, **£20** is recouped in health benefits.



Much of the cost of healthcare comes towards the end of life

Higher health costs are associated with the final **3 years** of life, rather than age in itself. Evidence suggests introducing early interventions in mid-life can see the period and cost of ill health delayed until the very end of life.

5 Self Care

Working with health professionals as an 'expert' patient

The pandemic has changed the way we think about managing our own health. Our experiences over the last **2 years** will improve people's confidence in managing other conditions, such as diabetes and heart disease.

Person and community centred approaches, where we monitor our own health, can help optimise our health and well-being. It also makes the NHS and social care more sustainable.

Return on investment

70% to **80%** of people with long-term conditions could manage their conditions themselves with support from the formal and informal health system. Investment of **£400** per person could save almost **£2,000** a year that would otherwise be spent on formal health care such as visits to a GP, community nurse, or outpatient clinic.

Co-benefits

For every **£1** spent on cycling provision, the NHS recoups **£4** in reduced health costs, while the economy 'makes' **35p** profit for every mile travelled by bike instead of car.

6 Building and Supporting Local Communities is Central to the Case for Change

"Individuals are ultimately in control of their own lifestyle choices and health care decisions. The health system focuses on understanding each individual's story, values and influencers to engage citizens in their care and to support long-term behaviour change"

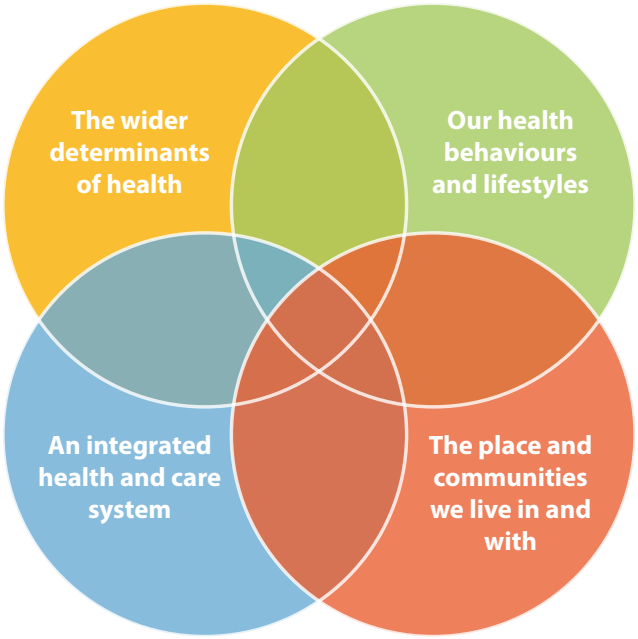
NUKA, Alaska

But it is beyond individuals. Placing communities at the heart of public health can reduce health inequalities, engage those most at risk of poor health and empower people to have a greater say in their lives and health. Doing this, builds resilience and cohesion.

Well beyond health

Treating ill health is not enough on its own, a combination of approaches are needed to delay, and ultimately reduce, demands on healthcare.

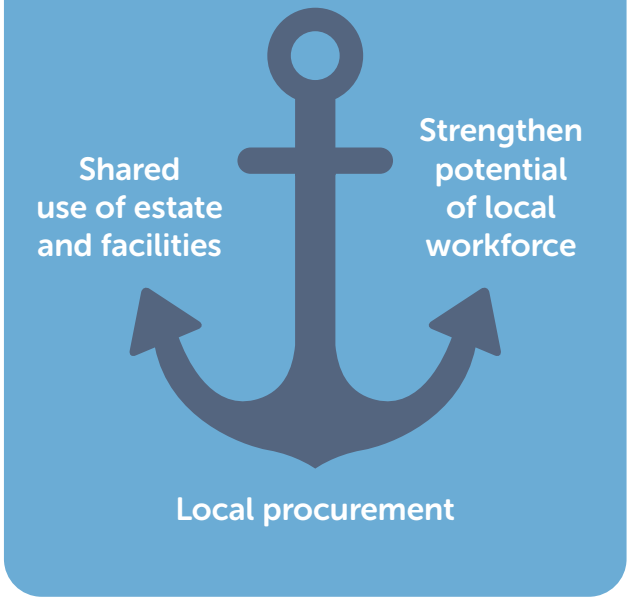
A sense of community control is important to overall community health.



Based on the King's Fund Wider Determinants of Health diagram.

Reducing inequalities in our communities would ease the burden on health care. For example, emergency admissions for people in Grampian living in most disadvantage are almost double the rate of those living in our most affluent areas.

Big organisations and social movements in health are compatible



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