

NHS 2048:

Future-proofing Scotland's
Health and Social Care

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About Reform Scotland

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Introduction

Scotland's health and care services are in crisis. Each day seems to bring yet another alarming headline. Audit Scotland has talked of our health service being "unsustainable".¹ Senior managers are reportedly so concerned that they have reportedly discussed the potential of a "two-tier" health system where the wealthiest pay. Polls frequently show healthcare is the number one priority among voters.

But the issues facing the NHS and social care are not new. Although the pandemic undoubtedly exacerbated problems, the pressures from rising demands and costs, and growing gaps in the workforce, have been felt for many years.

It could be argued that the NHS is a victim of its own success – it is enabling us to live longer, healthier lives. But as a result, Scotland has an aging population and a shrinking taxpayer base to pay for its health service. Without reform, the crisis facing the NHS is in danger of collapse.

Reform means restructure and prioritisation, it does not mean privatisation. It is important to remember that the current structure of the NHS in Scotland relies heavily on the private sector, and always has. Our GPs are independent contractors in other words, private sector contracted in by the NHS to provide a service as are many other health professionals and services that patients use every day such as pharmacies, opticians and dentists.

More money - which may not be possible- does not offer a magic cure. If we want to preserve the principle of an NHS that is free at the point of use for future generations then fresh thinking and open minds are required to consider a number of wide ranging issues.

Early intervention and prevention must become a priority for the NHS going forward, thanks to pressures exacerbated by the COVID-19, there is clearly a focus on combating immediate issues. However if resource only focuses on immediate issues and does not consider the cause and prevention then delayed treatment with growing waiting lists will simply build up additional problems going forward, locking the NHS into its current spiral of decline.

Early intervention – the need for a National *Health* Service, as opposed to a National *Illness* Service

We know that early intervention and treatment, for the vast majority can lead to better outcomes, but growing waiting lists mean many patients are currently waiting longer for necessary treatment. As a result, their health can deteriorate during that wait meaning additional and more invasive interventions and the expected results from medical procedures may not be as positive as they may have otherwise been. This can lead to poorer outcomes for the individual, and greater expense to the NHS. The wait

¹ [Audit Scotland calls for quick public service reform - BBC News](#)

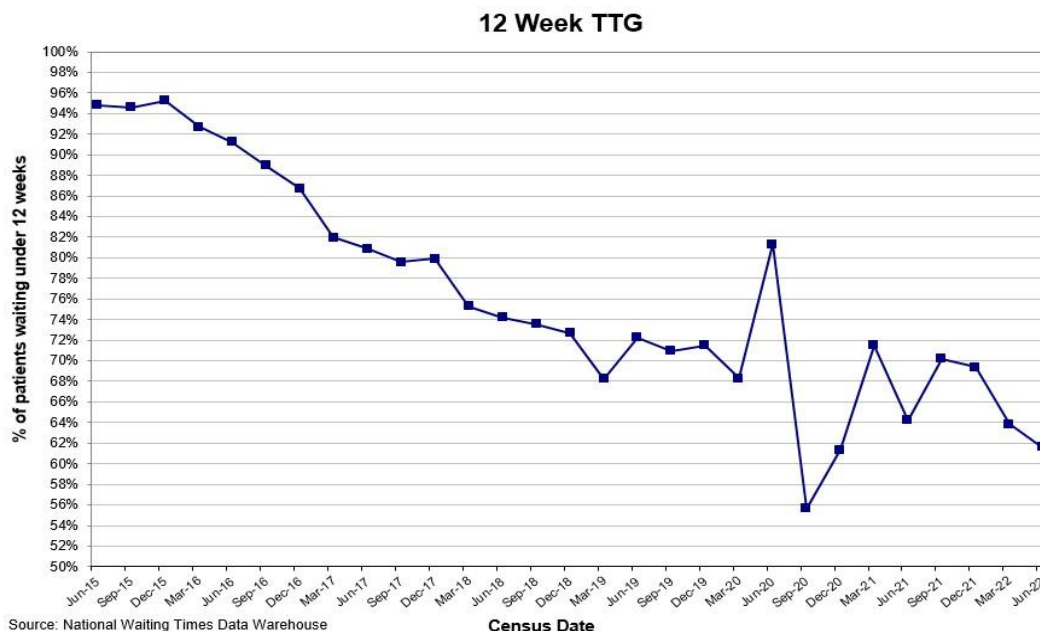
itself can also add additional burdens to the system with GPs and the primary care sector having to manage patients with complex health needs in the community.

For example, if someone goes to their GP due to problems with their hip they may be referred to attend an outpatient appointment in a hospital. If the consultant decides that an operation is required, the individual will then be placed on a waiting list. However, the problems will not go away until that operation has been carried out. The patient will still be in pain and it could potentially be increasing. Therefore, the longer the wait to first have the treatment agreed, and then the wait for it to occur, the more likely the patient will return to their GP for help managing the problem. In other words, hospital delays are also increasing pressures on primary care. The NHS is a complex system and a problem in one part will have knock on impacts elsewhere.

Waiting lists & targets

Under the Patient Rights (Scotland) Act 2011, all patients who are due to receive planned treatment have a right to receive it within 12 weeks of agreeing this with your Consultant. This is often referred to as the Treatment Time Guarantee.

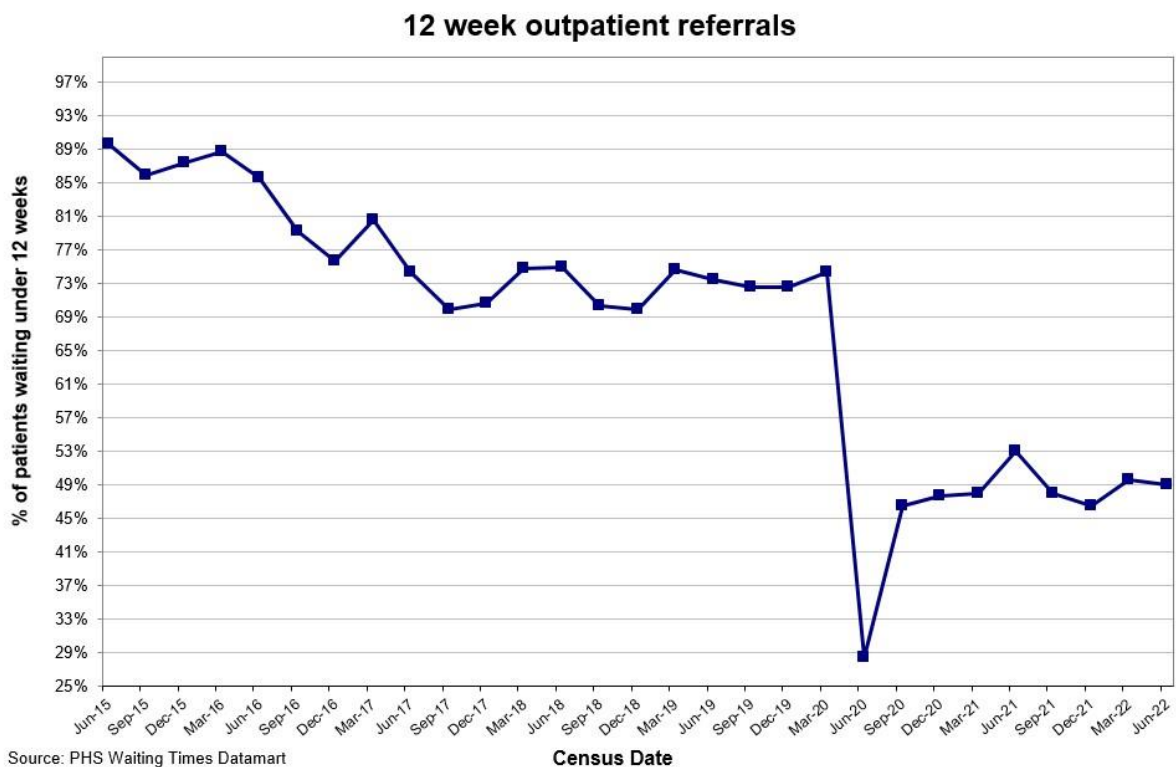
In the quarter ending June 2022, 61.6% of patients were reported as commencing inpatient/day case treatment within 12 weeks. While the pandemic has had a huge impact on Health Board’s abilities to meet the guarantee, as this Scottish Government graph² illustrates, performance levels have been falling steadily since the end of 2015.



² [Treatment time guarantee - NHS Scotland performance against LDP standards - gov.scot \(www.gov.scot\)](http://www.gov.scot/treatment-time-guarantee-nhs-scotland-performance-against-ldp-standards)

Figures for March 2023 reported that 319,514 new outpatient appointments were carried out. Of these, 201,112 (62.9%) were completed in 12 weeks or less.³ There were 31,498 waits longer than 52 weeks. There were also 6,985 ongoing waits longer than 104 weeks for inpatient or day case treatment. Although the TTG was not being met prior to the pandemic, covid also led to a huge increase in those waiting and the number of people waiting is 89.8% higher than the average at the end of quarters in 2019 (+69,652), prior to when the COVID-19 pandemic began to impact on planned care services.⁴

Of course, the treatment time guarantee does not represent the patient's full journey, which will include contact with a GP and referral, so the wait for actual treatment may be considerably longer. The Scottish Government also has a target for 95% of patients to wait no longer than 12 weeks from referral to their first outpatient appointment and as at 30 June 2022, 49.1% of patients waiting for a new outpatient appointment had been waiting 12 weeks or less. Again, data from the Scottish Government shows that while there was a far sharper drop around the pandemic, the proportion of individuals receiving a new outpatient appointment within this time frame had been on a general decline for some time, though was beginning to stabilise.⁵



³ [Stage of treatment waiting times - Inpatients, day cases and new outpatients 30 May 2023 - NHS waiting times - stage of treatment - Publications - Public Health Scotland](#)

⁴ [Inpatient, Day Case and Outpatient Stage of Treatment Waiting Times \(publichealthscotland.scot\)](#)

⁵ [12 weeks first outpatient appointment - NHS Scotland performance against LDP standards - gov.scot \(www.gov.scot\)](#)

As with the TTG, the pandemic has led to a big backlog. So existing problems have been hugely exacerbated. Carrying on as we are will not lead to a decrease in waits or numbers, and any future externalities could cause additional delays. Without reform, waiting times will not reduce, patients waiting for treatment will continue to require care and pressures placed on our NHS will continue to spiral.

Orthopaedics and hips

Freedom of information requests

With pressure growing on the NHS, it has been reported that some health boards have reduced elective surgery in an attempt to save money.⁶ However, 'elective' surgery within the NHS means it is a planned procedure as opposed to emergency surgery, not that it isn't medically required. As a result, for all the patients needing operations and not getting them, their health suffers and the burden is shifted to other parts of the NHS to manage their care while they wait, often primary care.

Orthopaedics are an example. To illustrate the problems facing the NHS, Reform Scotland looked at hip related problems. Many of the conditions treated with a hip operation are age-related, with replacements usually carried out in older adults aged between 60 and 80.⁷

Since its introduction in the 1960s, hip replacement surgery has proved to be a hugely effective surgery, normally leading to a significant reduction in pain and an improvement in movement and quality of life.⁸ It can be a crucial operation in helping people maintain, or go back to leading an active life and contributing to society.

With an ageing population, it is likely that Scotland will continue to see an increase in demand for hip replacements. Meeting this demand will help Scots live healthier more active lives for longer and reduce the burden on the NHS. However, if waiting lists and times continue at their current rate then the opposite will be the case and the NHS will feel additional pressure of manage people with long-term pain and mobility issues.

On 28 June 2023 we submitted Freedom of Information requests to all Scottish health boards asking about general orthopaedic operations as well as hips. It is important to remember that waiting list data records from the point a surgeon agrees you should receive the treatment to when you actually receive it. So for the example of a hip operation used below, someone in NHS Grampian may wait 280 days for the operation from the point the treatment has been agreed, but this won't be reflective of their personal wait - covering the initial problem, when they went to the doctor, when they were referred to secondary care and when the decision was made to operate. In other words, their wait for a solution is considerably longer.

⁶ [Tayside quietly scales back surgery work to avoid special measures \(thecourier.co.uk\)](https://www.thecourier.co.uk/news/health/2023/06/28/tayside-quietly-scales-back-surgery-work-to-avoid-special-measures/)

⁷ [Hip replacement surgery - Tests & treatments | NHS inform](https://www.nhs.uk/healthcare-choices/hip-replacement-surgery-tests-treatments/)

⁸ [Hip replacement surgery - Tests & treatments | NHS inform](https://www.nhs.uk/healthcare-choices/hip-replacement-surgery-tests-treatments/)

NHS Shetland reported that they had no patients waiting for orthopaedic operations or hip replacements over the past five years. The response mentions that there is not normally an orthopaedic service offered in Shetland. The same is true in NHS Orkney, who were able to still provide information about patients waiting. We queried the response from NHS Shetland, asking if their patients were moved to a different board's list but have received no response.

Irrespective of the situation in Shetland, a clear pattern of huge increases in the number of people waiting and the length of time they are waiting emerges, both for orthopaedic operations in general, and hip operations. For example, NHS Fife has seen the number of people waiting for a hip replacement jump from 143 in 2019 to 558 in 2023, with the average wait increase from 38.4 days to 193. While the increase in wait is considerable, Fife still has one of the lower waits, with Lanarkshire, Borders and Ayrshire and Arran all over a year. (Again it is important to remember that these waits only represent part of the patient journey) Only NHS Forth Valley had no increase in waiting times for orthopaedic operations, though it has had an increase in waiting times for hip operations.

In addition to the 14 health boards, these operations are also carried out at the Golden Jubilee Hospital, which is a “specialist hospital for reducing patient waiting times”⁹, and as such, receives referrals from across Scotland. We also submitted the Freedom of Information requests to the Golden Jubilee and its responses can be seen in Table 8 below.

Table 1: As at 30 May, how many people were on a waiting list for an orthopaedic operation

	2019	2020	2021	2022	2023	change 2019/2023
Ayrshire & Arran	1209	1177	1677	2591	3006	249%
Borders	356	469	755	884	895	151%
Dumfries & Galloway	453	709	509	995	1477	226%
Fife	706	908	1,173	1,783	2,390	239%
Forth Valley	1090	1134	872	1121	1598	47%
Grampian	1628	2245	3097	3856	4148	155%
Greater Glasgow & Clyde	6918	8219	9594	13035	14255	106.0%
Highland	1484	1389	2262	3037	2270	53%
Lanarkshire	1569	1598	2488	2998	3222	105.0%
Lothian	2047	2310	3795	6587	7444	264%
Orkney	30	54	111	76	67	123.0%
Shetland	0	0	0	0	0	
Tayside	1480	1699	2452	3614	3534	139%
Western Isles	65	107	142	213	142	118%

⁹ [Golden Jubilee University National Hospital, Clydebank \(healthcareimprovementscotland.org\)](https://www.healthcareimprovementscotland.org/)

Table 2: What is the mean wait for orthopaedic operations in days

	2019	2020	2021	2022	2023	change 2019/2023
Ayrshire & Arran	98	146	223	292	291	197%
Borders	77	126	245	301	343	345%
Dumfries & Galloway	96	167	124	214	249	159%
Fife	34.1	112.8	118.6	156.3	164.3	381%
Forth Valley	137	164	172	163	137	0%
Grampian	133	203	322	350	287	116%
Greater Glasgow & Clyde*	114.8	126.0	186.9	210.9	254.1	121%
Highland	213.99	188.72	285.46	549.92	447.58	109%
Lanarkshire*	110	94	201	262	303	175%
Lothian	95.5	126.1	162.2	183.9	336.9	253%
Orkney	57	69	64	65	87	53%
Shetland	0	0	0	93		
Tayside	112	140	161	266	273	144%
Western Isles	46.2	100.1	126.7	149.8	126.7	174%

*Financial year

Table 3: How many orthopaedic operations were carried out within the health board in each of the last five years?

	2019		2020		2021		2022		2023 (to date)		change 2019/2022	
	Elective	Emergency	Elective	Emergency	Elective	Emergency	Elective	Emergency	Elective	Emergency	Elective	Emergency
Ayrshire & Arran	3235	2105	1235	1805	1231	2079	2058	1929			-36%	-8%
Borders	1160	804	407	555	380	660	602	534	388	336	-48%	-34%
Dumfries & Galloway	1402	887	778	669	576	795	743	844	492	445	-47%	-5%
Fife	3,725	1,053	2,071	997	2,417	1,151	2,712	1,137	558	257	-27%	8%
Forth Valley	1974	1358	1414	1350	1899	1338	2293	1362	1381	678	16%	0.3%
Grampian	4847	2733	2146	2519	2503	2927	3075	2920	2314	1775	-37%	7%
Greater Glasgow & Clyde*	12478	7949	11792	7697	4550	6710	6921	7575	8224	7662	-45%	-5%
Highland	1980	328	880	629	719	300	1476	387	870	214	-25%	18%
Lanarkshire*	3878		4140		1034		2361		2034		-39%	
Lothian	5625	2515	2997	2282	3088	2375	3319	2579	1919	1196	-41%	3%
Orkney	123	38	104	28	124	20	101	18	63	8	-18%	-53%
Shetland	0	0	0	0	0	0	122					
Tayside	3071	2454	1773	2251	1476	2518	2394	2414			-22%	-2%
Western Isles	348	103	249	111	326	86	393	68	211	29	13%	-34%

*Financial year

Table 4: At 30 May how many people were on a waiting list for a hip replacement

	2019	2020	2021	2022	2023	change 2019/2023
Ayrshire & Arran	248	255	367	352	772	211%
Borders	81	95	203	187	191	136%
Dumfries & Galloway	66	79	55	235	321	386%
Fife	143	200	295	468	558	290%
Forth Valley	120	187	167	256	292	143%
Grampian	317	515	761	971	1044	229%
Greater Glasgow & Clyde	1175	1514	1794	2622	3081	162%
Highland^					504	
Lanarkshire	243	307	503	674	665	174%
Lothian	420	483	980	1721	2008	378%
Orkney*	2	20	51	30	11	450%
Shetland	0	0	0	0	0	
Tayside	270	396	616	901	907	236%
Western Isles	29	51	49	76	40	38%

^NHS Highland have only recently starting to procedure code our Inpatient/Daycase waiting list report, therefore this information is not available retrospectively.

*NHS Orkney do not perform hip operations so they will be carried out in another board area

Table 5: What is the mean wait for hip operations in days

	2019	2020	2021	2022	2023	change 2019/2023
Ayrshire & Arran	118	180	236	352	377	219%
Borders	84	154	273	308	371	342%
Dumfries & Galloway	113	217	227	329	329	191%
Fife	38.4	123.6	125.8	182.4	193.8	405%
Forth Valley	117	193	173	168	189	62%
Grampian	140	245	385	392	280	100%
Greater Glasgow & Clyde	162.9	181.2	268.6	386.9	386.0	137%
Highland^	n/a	n/a	n/a	n/a	n/a	n/a
Lanarkshire1	124	91	256	357	372	200%
Lothian	114.4	14509	205.2	274.3	359.5	214%
Orkney*	108	142	440	343	234	117%
Shetland	n/a					
Tayside	133	168	210	322	322	142%
Western Isles	56.7	129.5	154.7	196	127.4	125%

^NHS Highland have only recently starting to procedure code our Inpatient/Daycase waiting list report, therefore this information is not available retrospectively.

*NHS Orkney do not perform hip operations so they will be carried out in another board area

Table 6: How many hip operations were carried out within each of the last five years

	2019		2020		2021		2022		2023 (to date)		change 2019/2022	
	Elective	Emergency	Elective	Emergency	Elective	Emergency	Elective	Emergency	Elective	Emergency	Elective	Emergency
Ayrshire & Arran	548	308	230	330	157	338	325	379			-41%	23%
Borders	223	78	54	76	98	63	88	76	69	50	-61%	-3%
Dumfries & Galloway	452		365		295		418		226		-8%	
Fife	525	56	315	63	377	70	551	84	81	13	5%	50%
Forth Valley	482		481		426		694		369		44%	
Grampian	664	86	343	54	434	79	503	71	394	64	-24%	-17%
Greater Glasgow & Clyde*	710	290	719	278	179	258	315	248	418	277	-56%	-14%
Highland	383		177		187		402		265		5%	
Lanarkshire	640		672		159		383		606		-40%	
Lothian	964		576		578		672		405		-30%	
Orkney*	0	0	0	0	0	0	0	0	0	0		
Shetland							57					
Tayside	831		1027		822		755		970		-9%	
Western Isles	118		80		108		132		54		12%	

*NHS Orkney do not perform hip operations so they will be carried out in another board area

Table 7: How many FTE consultant orthopaedic surgeons are currently employed by the health board

Ayrshire & Arran	20 substantive and 1 locum
Borders	8 FTE
Dumfries & Galloway	7 FTE
Fife	18 headcount – 16 full time and two part time.
Forth Valley	16.65 FTE
Grampian	38.9 FTE
Greater Glasgow & Clyde	77.45
Highland	19 FTE
Lanarkshire	27 FTE
Lothian	30.4 FTE
Orkney	0
Shetland	0
Tayside	17.6 FTE
Western Isles	2 WTE Orthopaedic Surgeons employed by NHSWI (1WTE substantive contract and 1 WTE fixed term)

Table 8: Golden Jubilee responses

	2019	2020	2021	2022	2023 (to date)
Orthopaedic waiting list on 31 May	634	838	349	198	123
Number of admissions for orthopaedics	2949	1339	602	285	237
Mean wait in days for orthopaedics	45	125	136	225	86
Orthopaedic non elective operations	157	68	129	190	91
Orthopaedic elective operations	5751	3326	5551	5551	2997
Hip replacement waiting list at 31 May	209	271	135	36	27
Admissions for hip replacements	988	436	206	82	82
Mean wait in days for hip replacements	46	131	131	214	72
Total hip operations	1670	905	1557	1538	740
Currently have 18.4 WTE consultant orthopaedic surgeons					

Private care

Although there are more people waiting, there are also more people seeking treatment privately, either here in Scotland or abroad. Dr David Shackles, joint chair of the Royal College of General Practitioners in Scotland (RCGP), told the BBC that GPs were getting more inquiries from patients asking about going private, with the most common things patients asking about being orthopaedic problems, such as hip and knee arthritis, as well as cataracts.¹⁰ In September 2023 Public Health Scotland published a report looking at arthroplasty, joint replacement surgery, across Scotland. It commented:

“The independent sector is now reporting as the largest provider of primary hip and knee arthroplasty procedures in Scotland compared to the level of activity at individual NHS Boards.”¹¹

A total of 2,966 hip and 1,638 knee procedures were carried out by the independent sector in 2022, with the 94.5% being self-funded or through medical insurance.¹²

Dr Iain Kennedy, chair of BMA Scotland, has claimed that there is a danger that Scotland is “sleepwalking” towards a two tier NHS:

“We have been extremely clear that our health service should remain free at the point of need and true to its founding principles. However, it is beyond doubt that in order to avoid sleepwalking into the two-tier system that threatens this fundamental principle of free healthcare, we need a proper, open conversation about the NHS.”¹³

The following information from Kings Park Hospital, Stirling, gives some examples of how much operations can cost. These do not include the cost for the initial consultation or any diagnostic tests :¹⁴

¹⁰ [Patients going private for cataract and hip operations - BBC News](#)

¹¹ [Scottish Arthroplasty Project National report 2023 \(publichealthscotland.scot\)](#)

¹² [Scottish Arthroplasty Project National report 2023 \(publichealthscotland.scot\)](#)

¹³ [Highland doctor warns NHS risks ‘sleepwalking into two-tier system’ \(pressandjournal.co.uk\)](#)

¹⁴ [Paying For Your Own Private Treatment | Circle Health Group](#)

- Hip replacement surgery starts from around £11,995
- Knee replacement surgery starts from around £10,995
- Cataract surgery (for one eye) starts from around £2,119
- Knee arthroscopy procedure starts from around £4,306
- Colonoscopy starts from around £2,011
- Gastroscopy starts from around £1,649
- Gallbladder removal surgery starts from around £4,993
- Laparoscopy starts from around £5,999
- ACL (anterior cruciate ligament) repair surgery starts from around £7,439
- Hysterectomy starts from around £5,590

Staff vacancies and absence

The fallout from Covid is not the only problem impacting waiting lists, with staff vacancies and absence an additional headache facing the NHS. According to the latest NHS workforce statistics, at June 2023 there were:¹⁵

- 5,616.6 nursing and midwifery vacancies
- 1,009.8 allied health professional vacancies
- 513.4 medical and dental vacancies

This represents a vacancy rate of 8% for nursing & midwifery and medical & dental, with a 6.9% vacancy rate for allied health professionals. In addition, the NHS recorded a sickness rate of 6.2% in March 2023,¹⁶ though this was significantly higher at 7.29% in NHS Forth Valley and 7.46% in NHS Lanarkshire.

Staff have also been raising concerns about the impact shortages are having on the care they are able to provide. In August 2023 senior doctors accused NHS Grampian of ignoring their concerns about staff shortages at two A&E units, shortages which they said impacted their ability to deliver a safe level of care.¹⁷

Policy recommendations

Reform Scotland believe that Scotland urgently needs to have a mature, constructive debate to identify and build consensus around specific measures that will help our health and care services in both the short and long term.

And we have to be honest with the electorate. Change cannot happen overnight, especially when crises are exacerbated by staff shortages and growing waiting times. Reform, if implemented properly, will need to be multi-disciplinary, require joint working and cross-party buy-in and likely take more than one electoral cycle. But work needs to start now.

¹⁵ NHS workforce dashboard - [NHS Scotland workforce | Turas Data Intelligence](#)

¹⁶ [NHS Scotland workforce | Turas Data Intelligence](#)

¹⁷ [NHS whistleblowers warn of 'unsafe' A&E staff shortages - BBC News](#)

If we are to maintain a tax payer funded, free-at-the-point-of-need system, then there will be, as there always has been, an element of rationing. How do we manage the resources we have? How do we train, recruit and retain the staff that our NHS requires?

To help facilitate this debate Reform Scotland is inviting a wide range of practitioners, service users, politicians and others to outline the changes they think can improve and preserve our health and care services – we must ensure that our health system reaches its 2048 centenary in a viable and effective condition, and one that commands public support.

