

Briefing for the Public Petitions Committee

Petition Number: [PE1805](#)

Main Petitioner: Gillian MacKay

Subject: Provision of NHS Hospitals in Scotland

Calls on the Parliament to urge the Scottish Government to increase the number of hospitals in Scotland, particularly in towns with no hospital or out of hours provision, or transport links to access such services.

Introduction

The petitioner calls for towns of a certain size to be provided with a hospital and for all smaller towns to be provided with out of hours services.

Hospitals

There are currently 277 hospitals in Scotland¹ but this figure covers a large range of different services grouped under the term 'hospital'. There is no single definition of what a hospital is but, for administrative purposes, the Information and Statistics Division of the NHS uses the following classification and sub-categories:

Figure 1: Hospital categories in Scotland²

- **General Hospitals**
 - Teaching hospitals covering a full range of services and with special units
 - Large general hospitals, with some teaching units and usually over 250 average staffed beds
 - General hospitals – mixed specialist hospitals (may have maternity units), consultant type surgery undertaken, usually <250 average staffed beds
 - Sick children's hospitals – large teaching hospitals for children covering a range of medicine and surgery
- Long stay hospitals

¹ <https://www.isdscotland.org/Health-Topics/Hospital-Care/Hospitals/>

² https://www.isdscotland.org/Health-Topics/Finance/Costs/Files/Costs_Hospital_Class.xlsx

- Long stay hospitals with over 100 average staffed beds – long stay geriatric units controlled by a geriatrician. May have young chronic sick unit
- Small long stay hospitals with less than 100 average staffed beds – long stay geriatrics unit controlled by a geriatrician. May have young chronic sick unit
- Long stay/acute hospitals – long stay geriatric units with some medical and surgical services
- Long stay/psychiatric hospitals – long stay geriatric units with geriatric psychiatry
- Geriatric day hospitals

- **Psychiatric hospitals**
 - Teaching psychiatric hospitals with major teaching or research units
 - Large psychiatric hospitals with over 250 average staffed beds, may have some teaching elements
 - Psychiatric hospitals with <250 average staffed beds
 - Psychiatric day hospitals

- **Psychiatry of learning disabilities hospitals**
 - Large hospitals with >150 average staffed beds
 - Smaller hospitals with <150 average staffed beds
 - Learning disabilities day hospitals

- **Maternity hospitals**

- **Dental hospitals**

- **Community hospitals**

Within general hospitals there will be a difference in the services provided and ISD Scotland lists 78 different hospital specialties³.

Some specialties require such a level of expertise that they are only offered in a few locations within Scotland e.g. neurosurgery, major trauma centres.

[NHS National Services Scotland](https://www.isdscotland.org/Health-Topics/Finance/Publications/2019-11-19/Costs_Specialty_List_2019.xlsx) also oversees a number of services which are provided on a national basis, or on some occasions, through a service level agreement in the rest of the UK.

It is not clear from the petition what type of hospital or specialties the petitioner would wish to have provided locally.

³ https://www.isdscotland.org/Health-Topics/Finance/Publications/2019-11-19/Costs_Specialty_List_2019.xlsx

Out of hours services

Out of hours services refer to arrangements to provide access to general practice services when they are closed (between the hours of 6.30pm and 8am).

General Practitioners (GPs) used to have 24-hour responsibility for the care of their patients. This responsibility could not be delegated and they had to make arrangements for any cover. As demand for services increased, GPs were placed under significant pressure. The 2004 contract gave GPs the opportunity to opt-out of this responsibility and the majority of practices did so. The responsibility for out-of-hours care then transferred to health boards.

This has resulted in greater centralisation of services out of hours, with services often now provided through out-of-hours hubs that serve more than one practice in an area. They are usually accessed initially through NHS24.

Service planning and delivery

The responsibility for running the National Health Service in Scotland is predominantly devolved from Scottish Ministers to the 14 territorial health boards.

Since 2016, there has been a further devolution of responsibilities to the integration authorities. These are partnerships between health boards and local authorities and each one is required to integrate the governance, planning and resourcing of adult social care services, adult primary care and community health services and some adult hospital services.

Hospital services covered by integration authorities include inpatient medical specialties with high rates of emergency admissions, for example, general medicine.

Each integration authority is now responsible for the strategic commissioning of services devolved to it and they should actively engage and consult the public on their plans.

Scottish Government Action

For a number of years now, the Scottish Government (and its predecessors) have pursued a policy of 'shifting the balance of care' from hospitals to community settings. Ten years ago, the Scottish Government published its 2020 vision:

Our vision is that by 2020 everyone is able to live longer healthier lives at home or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management.

When hospital treatment is required and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back to their home or community environment as soon as appropriate, with minimal risk of re-admission.

Good quality community care should result in less unscheduled care and free up hospital capacity. Greater centralisation is also seen as a way of maintaining adequate levels of activity to maintain clinical expertise and, therefore, ensure better clinical outcomes.

This policy drive has led to a reduction in acute hospital inpatient beds and the centralisation of some services on fewer sites. This is a policy that has run through the most significant policy documents in recent years such as the [National Clinical Strategy](#) and the [Health and Social Care Delivery Plan](#).

The Scottish Government is also reforming primary care and its vision includes the creation of multidisciplinary teams to free up GPs to concentrate on more complex care.

A [national review of out of hours services](#) was completed in November 2015. The review, led by Sir Lewis Ritchie, made 28 recommendations. These are being taken forward by Integration Authorities, NHS Boards and others.

Scottish Parliament Action

The centralisation of NHS services has been a matter of political debate since the early days of the Scottish Parliament. Numerous debates on specific decisions have taken place over the years, for example, the Glasgow acute services review and the suggested closure of A&E departments in Lanarkshire.

The Public Petitions Committee has also dealt with related petitions, including on the availability of out-of-hours services in remote and rural areas (PE1272).

The Health and Sport Committee is also in the closing stages of an [inquiry into primary care](#) in Scotland. The Committee has considered out-of-hours provision as part of its scrutiny.

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04 August 2020

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Published by the Scottish Parliament Information Centre (SPICe), an office of the Scottish Parliamentary Corporate Body, The Scottish Parliament, Edinburgh, EH99 1SP