

## SPICe Briefing

# Draft Budget 2010-11: Health and Sport

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This briefing is one in a series of SPICe briefings analysing the Scottish Government's ['Draft Budget 2010-11'](#). It begins with a short review of the Scottish Government objectives and targets associated with the health and sport. It then outlines the main themes from the Health and Wellbeing portfolio. Finally, it considers the level 3 budget lines within health and sport, as well as the key changes from the ['Scottish Budget: Draft Budget 2009-10'](#)

The SPICe briefing ['Draft Budget 2010-11'](#) (Burnside, 2009) discusses the broad trends in the draft budget and how it affects portfolio expenditure.



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## EXECUTIVE SUMMARY

### Draft Budget 2010-11: Health and Sport

Jude Payne and Jim Dewar

#### Scottish Government indicators and targets

There are two key sets of performance indicators and targets relevant to this briefing. The first are the 14 health focussed national indicators that stem from the Scottish Government's overall objectives. The second are the 29 HEAT targets that are set for NHS Boards. However, there are no similar indicators or targets specifically for sport.

In addition to these are the Scottish Government's 10 key spending priorities for health and sport which are outlined in the Draft Budget itself. However, only three have an actual target to measure performance against the budget.

#### Overall planned spending

The Draft Budget sets out plans for Total Managed Expenditure (TME) to increase from £34.9bn in 2009-10 to £35.1bn in 2010-11. In real terms, after adjusting for expected inflation of 1.5%, there is a reduction in TME of £240m or 0.7%.

The proposed total spending on Health and Wellbeing sees a cash increase of £12.4m to £11.889bn. In real terms TME on Health and Wellbeing declines by 1.4%. Health and Wellbeing as a share of total spending declines from 34.1% to 33.8%. However a fall in spending on Housing and Regeneration is the main cause of this. The 'Health' budget line itself sees a cash increase of 2.4%, which equates to a 0.9% real terms increase. Nevertheless, when considering this year's Draft Budget compared to the spending plans for 2010-11 contained in last year's Draft Budget 2009-10, it shows that the level of increase is £193.2m less than envisaged. The Scottish Government (2009b) has advised that this represents the Health budget's share of the decrease in the Scottish Government's budget resulting from the Chancellor's UK budget announcement in April 2009.

#### Draft Budget for Health and Wellbeing

The Draft Budget details level 3 spending plans for health and sport.

For the **NHS and Special Health Boards** budget line it is proposed that this increase from £8,317.2m in 2009-10 to £8,583.3m by 2010-11 (+2.7%). In real terms it would raise to £8,412.1m (+1.7%). However, based on the proposals for 2010-11 outlined in last year's draft budget, the cash figure is £95m less than planned, which includes £94.9m from savings made from reductions in the cost of primary care medicines, and an adjustment in the increase allocated to Boards to meet anticipated pay and price costs.

The **Capital Investment** budget line, which funds major capital projects. It is proposed that this fall in cash terms from £679.4m in 2009-10 to £574.4m in 2010-11 (-15.5%). IN real terms it

would fall to £565.9m (-16.7%). Whilst it was always envisaged there would be a fall in capital investment over this period, the fall is greater than outlined in last year's Draft Budget, as £50m was brought forward to 2009-10, and will be repaid in 2010-11. However, the Scottish Government states that it has protected this line from consequential capital reductions in the UK Department of Health capital budget, which would have resulted in £129m less funding in 2010-11.

In the Draft Budget 2009-10 it was envisaged that the budget lines under the heading of **Education and Training** would rise in 2010-11. However, this year's Draft Budget proposes a decrease. The 'workforce' budget line falls, in cash terms, from £32.4m in 2009-10 to £28.5m in 2010-11 (-12.0%), as a result of lower Scottish contributions to UK-wide medical bodies. The 'nursing' budget line falls, in cash terms, from £157.9m to £152.1m over the period (-3.7%), ultimately due to a falling student population baseline in 2008-09.

The **Primary and Community Care Services** heading mainly includes demand led services such as General Medical Services (GMS). The GMS and General Dental Services lines show no increase as decisions on additional funding have yet to be taken. Meanwhile General Ophthalmic Services and Pharmaceutical Services Contractors' Remuneration, see increases reflecting agreement reached with those professions. The heading also includes the eHealth budget line, which would see a significant cash increase from £97.2m in 2009-10 to £134.7m in 2010-11 (+38.6%), though the increase is less than planned in last year's Draft Budget.

The **Improving Health and Better Public Health** budget heading includes a large number of different programme budget lines including, Hepatitis C Action Plan Implementation, Pandemic Flu, Alcohol Misuse and Specialist Children's Services. As a result, there is no common theme running through them, though all except three (eg Pandemic Flu) would see reductions in what was planned for 2010-11 in last year's Draft Budget. The briefing provides a detailed analysis of the key changes in the programmes under this heading.

The **General Services** budget heading also contains a number of different programme lines, from 'Research' to 'Distinction Awards' to the 'Clean Hospital/MRSA Screening Programme'. It also includes the 'Miscellaneous Other Services' line, which itself contains funding for a number of programmes, including the funding for phasing out prescription charges, provision for pay wards and managed clinical networks. Again, there is no common theme running through the budget lines, and the briefing outlines the key changes and reasons behind them.

The **Income** heading, with individual revenue and capital lines, is shown as a negative in the Draft Budget, given it is money coming into the budget and offsets gross expenditure. Whilst it is proposed revenue is predicted to rise by 3.2% in cash terms and 1.7% in real terms over the next year, capital is predicted to fall significantly by 81.9% in cash terms and 82.1% in real terms. The Scottish Government has stated that this income source is driven by NHS Boards property sales activity which means that year-on-year trend comparison is not always meaningful.

There are two budget lines under the **Sport** heading. The first, 'sport', provides support for the development of sport within Scotland, taken forward through the Scottish Government's strategy for sport 'Reaching Higher' (2007). The second, 'Glasgow 2014', represents the main contribution to the operational costs of staging the Glasgow 2014 Commonwealth Games. Over the period of the Draft Budget 2010-11, the 'sport' line sees a proportionally significant decrease from £47.3m to 43.3m (-8.5%) in cash terms over the period. The 'Glasgow 2014' line will see, proportionally, significant increases from £6.6m in 2009-10 to £11.6m in 2010-11 (+75.8%). However, these changes do not deviate from the plans for 2010-11 in the Draft Budget 2009-10.

## INTRODUCTION

The Scottish Government published its [‘Scottish Budget: Draft Budget 2010-11’](#) (Scottish Government, 2009a) on 17 September 2009.

The SPICe briefing [‘Draft Budget 2009-10’](#) (Burnside, 2009) discusses broad trends in the draft budget and how it affects portfolio expenditure. This briefing begins with a short review of the Scottish Government objectives and targets associated with the health and sport. It then outlines the main themes from the Health and Wellbeing portfolio. Finally, it considers the level 3 budget lines within health and sport, as well as the key changes from the [‘Scottish Budget: Draft Budget 2009-10’](#) (Scottish Government, 2008). The Draft Budget 2010-11 and information obtained directly from the Scottish Government (2009b) are used in this analysis. It should be noted that the tables below are based on those tables in Burnside (2009) and the attached spreadsheets, which themselves are based on those cash terms in the Draft Budget document itself. Real terms figures for 2010-11 are shown at 2009-10 prices, and have been calculated using the Treasury GDP deflator of 1.5%.

## SCOTTISH GOVERNMENT INDICATORS AND TARGETS

Before discussing the Draft Budget itself, it is useful to first outline the various Scottish Government objectives and targets that are relevant to health, together with the key health and sport priorities set out for the Draft Budget itself. It should be noted that there are no specific indicators or targets for sport. Audit Scotland (2007, p 21) found that whilst the latest sports strategy [‘Reaching Higher: Building on the Success of Sport 21’](#) (Scottish Executive, 2007) has two overall objectives of improving participation and improving performance, “there are no targets to track progress against national objectives for sport from 2008”.

### Scottish Government national indicators

In the [Spending Review 2007](#), the Scottish Government (2007) outlined its purpose, strategic objectives, national outcomes and national indicators. As discussed in the Draft Budget 2010-11 (Scottish Government, 2009a, p 9), the overall purpose is to: “focus the Government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing and sustainable economic growth”.

In meeting this purpose the Scottish Government has aligned policy and resources to five strategic objectives - wealthier and fairer, smarter, healthier, safer and stronger and greener. Healthier is defined as helping people “to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care” (Scottish Government, 2009a, p 10). The national outcome for this is to secure longer, healthier lives for the population, to which the Scottish Government has attached a number of national indicators to measure progress in achieving this objective. These, together with the Scottish Government’s assessment of performance in the Draft Budget 2010-11, and the progress that was reported in the Draft Budget 2009-10, are shown in [Appendix 1](#).

### NHS performance targets

There are also performance targets and indicators for the NHS in Scotland, focused on NHS Boards. These are known as HEAT targets. “HEAT” is an acronym for the four categories of indicators: **H**ealth improvement, **E**fficiency and governance, **A**ccess and **T**reatment. These are updated annually, with the latest for 2009-10 being detailed in [Appendix 2](#).

There are two key points of interest when considering these targets. The first relates to the level of correlation between these targets and the overall Scottish Government performance indicators. Only four HEAT targets directly correlate with the national indicators ie improving the quality of the healthcare experience, waiting times, increasing the numbers of older people who

have complex needs to remain at home, and health service efficiency. The national indicator connected with reducing coronary heart disease in the under 75s in deprived areas was contained in the HEAT targets for 2008-09 but is not present in the current list for 2008-09. This target has been changed with the focus on inequalities targeted cardiovascular health checks. There are similarities between many of the remaining national performance indicators and the HEAT targets but these are not directly correlated.

The second point relates to the difference between the HEAT targets from 2008-09 and those for 2009-10. As might be expected many of these are updated to reflect performance already met or a change in the target itself. However, there have been a number of target areas that do not appear on the 2009-10 list that were in the 2008-09 list, together with a range of new targets. For example, within efficiency targets, there is no reference to the target from 2008-09 connected with tackling NHS staff sickness absence. However, it has included a new target on tackling emissions. In addition, within access targets, faster treatment for drug misusers and faster access to Child and Adolescent Mental Health Services have been added in 2009-10. However, there is now no reference to the emergency ambulance response rate target and the Accident and Emergency (A&E) waiting target from 2008-09, though a new target relating to A&E attendance has been included in the treatment targets for 2009-10. The Scottish Government (2009b) has advised that HEAT targets, like those discussed above, which existed in 2008-09 but do not appear in 2009-10 are targets that Boards have achieved. However, they do not disappear but instead become HEAT standards, which Boards must continue to adhere to and which are still monitored.

## Key Priorities for Health and Sport in the Draft Budget

The Scottish Government's key spending priorities for health and sport are outlined in the Draft Budget (Scottish Government, 2009a, p 51), and are listed below. What budget lines they relate to and any information on actual funding for each of these is discussed in the detailed sections below, though it is interesting to note that only three have an actual target to measure performance against the budget.

- responding to the influenza A(H1N1) outbreak, including delivery of an immunisation programme
- develop and implement a Healthcare Quality Strategy for NHSScotland
- continue with the implementation of "Equally Well"
- develop options to further enhance the care of older people including a specific focus on dementia and supporting Carers<sup>1</sup>
- deliver a number of major public health and health promotion programmes including the framework for action on alcohol misuse; the Tobacco Prevention Action Plan; the Hepatitis C Action plan; and, strategies for sexual health, HIV, healthy eating and tackling obesity, and, mental health improvement and wellbeing
- continue to deliver a reduction in Healthcare Associated Infection including: at least a 30% reduction in Staph.aureus blood infections by 2010; and, at least a 30% reduction in clostridium difficile rates by 2011
- continue to make progress towards the 18 week referral to treatment standard ahead of target date of December 2011
- implement Better Cancer Care, An Action Plan that builds on NHS Scotland's recent delivery of the 62 day urgent cancer target by introducing two new cancer targets to be delivered by December 2011

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<sup>1</sup> The Scottish Government has advised that exact costings are unavailable at this stage. However, the funding will come from existing programme lines including Mental Wellbeing, Older People and Age Team and Training and Information for Unpaid Carers (included under the Miscellaneous Other Services line). In addition a further £686k is currently provisionally committed towards dementia related projects in 2010-11.

- continue to reduce prescription charges towards complete abolition in 2011
- contribute to the delivery of the 2014 Commonwealth Games through investment of around £2 billion in infrastructure and the provision of an estimated 1200 jobs across Scotland

## OVERALL PLANNED SPENDING

### PLANNED TOTAL SPENDING: ALL PROGRAMMES

The Draft Budget sets out plans for Total Managed Expenditure (TME) to increase from £34.9bn in 2009-10 to £35.1bn in 2010-11 (Table 1). In real terms, after adjusting for expected inflation of 1.5%, there is a reduction in TME of £240m or 0.7%.

<b>Table 1: Planned Total Spending - All Programmes</b>	<b>2009-10 (£m)</b>	<b>2010-11 (£m)</b>	<b>Change (%)</b>
<b>TME cash</b>	34,865.1	35,144.1	0.8%
<b>TME real</b>	34,865.1	34,624.7	- 0.7%

Source: Scottish Government (2009a)

### HEALTH AND WELLBEING

As shown in Table 2, proposed total spending on Health and Wellbeing barely changes with a cash increase of £12.4m (or 0.1%). In real terms TME on Health and Wellbeing declines by 1.4%.

<b>Table 2: Planned Total Spend - Health and Wellbeing</b>	<b>2009-10 (£m)</b>	<b>2010-11 (£m)</b>	<b>Change (%)</b>
<b>TME cash</b>	11,876.9	11,889.3	0.1%
<b>TME real</b>	11,876.9	11,713.6	-1.4%

Source: Scottish Government (2009a)

When considering Health and Wellbeing as a share of total spending, Table 3 shows this declines from 34.1% to 33.8%.

<b>Table 3: Health and Wellbeing - Share of Total Spend</b>	<b>2009-10 (£m)</b>	<b>2010-11 (£m)</b>
<b>TME All Programmes</b>	34,865.1	35,144.1
<b>TME Health and Wellbeing</b>	11,876.9	11,889.3
<b>% of Total</b>	34.1	33.8

Source: Scottish Government (2009a)

However, Table 4, below, shows that this change is not uniform across all the departments within Health and Wellbeing. The fall in spending on Housing and Regeneration is the main reason for the overall fall. Health itself sees a cash increase of 2.4%, which equates to a 0.9% real terms increase.

<b>Table 4: Health &amp; Wellbeing - Level 2 Spending Plans (£m)</b>	<b>2009-10 cash</b>	<b>2010-11 cash</b>	<b>% change cash</b>	<b>2010-11 real</b>	<b>% change real</b>
Health	11,084.1	11,347.7	2.4	11,180.0	0.9
Housing and Regeneration	701.4	448.0	-36.1	441.4	-37.1
Equalities and Social Inclusion	26.5	27.6	4.2	27.2	2.6
Sport	53.9	54.9	1.9	54.1	0.4
Food Standards Agency	11.0	11.1	0.9	10.9	-0.6
<b>Total Health and Wellbeing</b>	<b>11,876.9</b>	<b>11,889.3</b>	<b>0.1</b>	<b>11,713.6</b>	<b>-1.4</b>

Source: Scottish Government (2009a)

Nevertheless, when considering the plans for 2010-11 contained in the Draft Budget 2009-10 with the actual plans in this year's Draft Budget, it can be seen that the plans for health last year were to be more than what is proposed this year, by £192.3m. This is shown in Table 5.

<b>Table 5: Current and previous Spending Plans for 2010-11</b>	<b>Draft Budget 2009-10 Plans 2010-11 (£m)</b>	<b>Draft Budget 2010-11 (£m)</b>	<b>Difference (£m)</b>	<b>Change (%)</b>
Health	11,540.90	11,347.70	-193.20	-1.7
Housing and Regeneration	461.2	448	-13.20	-2.9
Equalities and Social Inclusion	27.4	27.6	0.20	0.7
Sport	54.9	54.9	0.00	0.0
Food Standards Agency	11.4	11.1	-0.30	-2.6
<b>Total Health and Wellbeing</b>	<b>12,095.8</b>	<b>11,889.30</b>	<b>-206.50</b>	<b>-1.7</b>

Source: Scottish Government (2008a) and (2009a)

The Scottish Government (2009b) has advised that the reduction of £193.2m is the Health budget's share of the decrease in the Scottish Government's budget resulting from the Chancellor's UK budget announcement in April 2009.

## THE DRAFT BUDGET FOR HEALTH AND SPORT

As can be seen from the discussions above, the main conclusion to take from the Draft Budget 2010-11, as regards health is that based on the 2009-10 budget, health will see an increase in spending in 2010-11 in both cash (+2.4%) and real (+0.9%) terms. However, when analysing the draft budget for 2010-11 with the plans outlined in last year's draft budget, it can be seen that this increase is over £190m less than planned. However, the same analysis for sport shows that the Draft Budget 2010-11 proposes an increase in both cash (+1.9%) and real (+0.4%) terms. This is as planned in last year's Draft Budget 2009-10.

The Draft Budget details level 3 spending plans for health and sport. The health and sport draft budget at level 3 is presented through several key headings, and these will be the basis of further analysis and discussion. As with the analysis, above, there will be consideration of this year's Draft Budget, together with any changes from the plans for 2010-11 outlined in the Draft Budget 2009-10. Utilising information obtained from the Scottish Government (2009b), each section will discuss any key changes, together with any level 4 information made available.

## NHS AND SPECIAL HEALTH BOARDS

Table 6, below, considers the overall proposal for the Draft Budget in connection with all NHS Boards and Special Health Boards. As can be seen this includes a separate addition of £48.2m in 2009-10 under the heading of 'budget transfer'. The Scottish Government (2009b) has advised this relates to net efficiency savings that have been achieved in primary care prescribing, and has been separated out to give a better comparison for 2009-10. However, taking this into account under the proposals the proportion of the overall health budget going directly to NHS Boards will increase in cash terms from 72.4% in 2009-10 to 75.2% in 2010-11.

<b>Table 6: Spending Plans for NHS Boards and Special Health Boards</b>	<b>2009-10 Budget £m</b>	<b>2010-11 Draft Budget Cash £m</b>	<b>2010-11 Draft Budget Real £m</b>
Opening Funding: All NHS Boards	8,317.2	8,538.3	8,412.1
Budget Transfers	48.2	0.0	0.0
Total	8,365.4	8,538.3	8,412.1

Source: Scottish Government (2009a)

Table 7 considers these figures in greater detail, outlining the annual change in both cash and real terms. Taking account of the budget transfer, the effect is that in cash terms and across all NHS Boards a 2.1% increase is proposed or 0.6% in real terms.

<b>Table 7: Spending Plans for NHS Boards and Special Health Boards; annual change analysis</b>	<b>Annual change 2009-10 to 2010-11 (£m)</b>		<b>Annual change 2009-10 to 2010-11 (%)</b>	
	<b>Cash</b>	<b>Real</b>	<b>Cash</b>	<b>Real</b>
Opening Funding: All NHS Boards	221.1	94.9	2.7%	1.1%
Budget Transfers	-48.2	-48.2	-100.0%	-100.0%
<b>Total</b>	<b>172.9</b>	<b>46.7</b>	<b>2.1%</b>	<b>0.6%</b>

Source: Scottish Government (2009a)

The Draft Budget (Scottish Government, 2009a, p 60) does provide more detailed information on spending plans for specific NHS and Special Health Boards. However, it should be noted that the proposals for 2010-11 are indicative and will change as final funding allocations are calculated according to the NHS Resource funding formula that will be updated later this financial year. The budgets are based on an indicative 2.7% uplift to area NHS Boards and 2.3% to Special Health Boards. Although the overall totals will remain the same, the individual NHS Boards figures will change for 2010-11 following agreement of the updated NHS resource funding formula. In real terms this indicative increase would be 1.2% to area NHS Boards and 0.8% to Special Health Boards.

Table 8 compares the plans for 2010-11 in last year's Draft Budget with this year's proposals. It can be seen that there is a £95m difference between the two.

<b>Table 8: Comparison for 2010-11 spending in Draft Budget 2009-10 &amp; 2010-11 - NHS Boards and Special Health Boards</b>	<b>Draft Budget 2009-10 2010-11 Plans</b>	<b>Draft Budget 2010-11</b>	<b>Difference</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>
	8,633.3	8,538.3	-95.0

Source: Scottish Government (2008a and 2009a)

The Draft Budget 2010-11 (Scottish Government, 2009a) has noted that part of the smaller increase reflects budget adjustments across portfolios resulting from the 2009 UK Budget consequentials arising from efficiency savings. In terms of all NHS Boards this includes £94.9m from savings made from reductions in the cost of primary care medicines, and an adjustment in the increase allocated to Boards to meet anticipated pay and price costs. It also includes a recurrent transfer of £28.5m to NHS Boards for Access Support ie waiting times.

## **CAPITAL INVESTMENT**

The capital investment budget line is where major capital projects are funded from. The Scottish Government (2009b) has advised that the majority of the funding is provided to NHS Boards as part of NHS Board Formula allocation and provides funding as articulated within each Board's Local Delivery Plans. Additional support has been identified over the current Spending Review period for large projects that cannot be accommodated within the formula allocations eg the New Southern Hospitals Project in Glasgow, the State Hospital redevelopment and the Emergency Care Centre in Aberdeen. In addition to the Board funding there is also capital funding for Primary Care and Dental Provision, the eHealth Strategy, the Cancer Strategy, Medical Equipment and Sustainability / Energy Efficiency Measures. According to a footnote in Table 3.03 of the Draft Budget 2010-11, this also includes £19m for pandemic flu.

The Scottish Government (2009a, p 57) notes that the Capital Expenditure line takes account of the £50m of capital expenditure brought forward from 2010-11 in 2009-10. This is repaid in the current Draft Budget. However, the Scottish Government (2009a, p 11) also notes that health is

not to face any capital reductions resulting from consequentials arising from a £1.3bn reduction in the UK Department of Health capital budget, which was announced in the 2009 UK Budget. This would have equated to a £129m reduction for Scotland. Instead the Scottish Government proposes to cover this utilising the accumulated underspend over and above that agreed in the Spending Review 2007.

Table 9 considers the plans in the Draft Budget for Capital Investment, showing a significant decrease in cash and real terms in the proposals.

<b>Table 9: Spending Plans for Capital Investment</b>	<b>2009-10 Budget £m</b>	<b>2010-11 Draft Budget Cash £m</b>	<b>2010-11 Draft Budget Real £m</b>
Capital Investment	679.4	574.4	565.9

Source: Scottish Government (2009a)

Table 10 analyses the change in more detail. It is proposed that there be a 15.5% decrease in cash terms, which equates to a 16.7% decrease in real terms.

<b>Table 10: Spending Plans for Capital Investment; annual change analysis</b>	<b>Annual Change 2009-10 to 2010-11 (£m)</b>		<b>Annual Change 2009-10 to 2010-11 (%)</b>	
	<b>Cash</b>	<b>Real</b>	<b>Cash</b>	<b>Real</b>
Capital Investment	-105.0	-113.5	-15.5	-16.7

Source: Scottish Government (2009a)

Table 11, compares the plans for 2010-11 in last year's Draft Budget with this year's proposals, showing that there is a £50m difference between the two. This reflects the repayment of capital brought forward from 2009-10 as discussed above.

<b>Table 11: Comparison for 2010-11 spending in Draft Budget 2009-10 &amp; 2010-11 - Capital Investment</b>	<b>Draft Budget 2009-10 2010-11 Plans £m</b>	<b>Draft Budget 2010-11 £m</b>	<b>Difference £m</b>
	624.4	574.4	-50.0

Source: Scottish Government (2008a and 2009a)

## EDUCATION AND TRAINING

The tables below, under the heading of Education and Training take account of two budget lines. The workforce line funds a range of programmes including clinical workforce redesign, workforce modernisation, workforce development and investment in modernising medical careers. The nursing line primarily funds pre-registration nursing & midwifery training and nursing & midwifery bursaries.

Table 12 shows that both lines will see a decrease in spending in both cash and real terms.

<b>Table 12: Spending Plans for Education and Training</b>	<b>2009-10 Budget £m</b>	<b>2010-11 Draft Budget Cash £m</b>	<b>2010-11 Draft Budget Real £m</b>
Workforce	32.4	28.5	28.1
Nursing	157.9	152.1	149.9

Source: Scottish Government (2009a)

Table 13, analyses this in greater detail and shows that, proportionally, the workforce line is reducing at a higher rate than the nursing line, though in money terms nursing will see the largest decrease of the two.

Table 13: Spending Plans for Education and Training; annual change analysis	Annual Change 2009-10 to 2010-11 (£m)		Annual Change 2009-10 to 2010-11 (%)	
	Cash	Real	Cash	Real
Workforce	-3.9	-4.3	-12.0	-13.3
Nursing	-5.8	-8.0	-3.7	-5.1

Source: Scottish Government (2009a)

Table 14, compares the plans for 2010-11 in last year's Draft Budget with this year's proposals. It can be seen that both lines have decreased, with workforce seeing a 17.2% decrease and nursing a 7% decrease.

Table 14: Comparison for 2010-11 spending in Draft Budget 2009-10 & 2010-11 - Education and Training	Draft Budget 2009-10 2010-11 Plans £m	Draft Budget 2010-11 £m	Difference £m
Workforce	34.4	28.5	-5.9
Nursing	163.5	152.1	-11.4

Source: Scottish Government (2008a and 2009a)

Taking account of all the data above, the Scottish Government (2009) has advised that, in terms of the 'workforce' line, the reduction primarily represents an expected savings in respect of Scotland's contribution towards running costs of several UK-wide medical bodies. In respect to the 'nursing' line this reflects reductions in nurse training and bursary budget, which themselves are the result of the cumulative effect of a reduced student population from 2008-09 baselines.

## PRIMARY AND COMMUNITY CARE SERVICES

Table 15, below, shows the proposals for Primary and Community Care (P&CC) Services. In general, this shows either no increase or very small increases in the spending proposals year on year. General Medical Services (GMS) and General Dental Services (GDS), show no increase year on year. For GMS this is because allocations for 2010-11 are yet to be taken, and follow, amongst other things, discussion with the profession. This is the same for GDS, but in addition the Scottish Government (2009a, p 59) notes that the 2009-10 allocation has not been set as this also is still to be agreed with the profession. General Ophthalmic Services and Pharmaceuticals Services Contractors' Remuneration show planned increases, taking account of agreements already in place with these professions.

Table 15: Spending Plans for Primary and Community Care (P&CC) Services	2009-10 Budget £m	2010-11 Draft Budget Cash £m	2010-11 Draft Budget Real £m
General Medical Services	700.1	700.1	689.8
Pharmaceutical Services Contractors' Remuneration	177.7	186.6	183.8
General Dental Services	343.2	343.2	338.1
General Ophthalmic Services	87.4	91.0	89.7
eHealth	97.2	134.7	132.7
Scottish Commission for the Regulation of Care	17.2	17.4	17.1

Source: Scottish Government (2009a)

Table 16 shows the trend in greater detail, in both cash and real terms.

Table 16: Spending Plans for P&CC Services; annual change analysis	Annual Change 2009-10 to 2010-11 (£m)		Annual Change 2009-10 to 2010-11 (%)	
	Cash	Real	Cash	Real
General Medical Services	0.0	-10.3	0.0%	-1.5%
Pharmaceutical Services Contractors' Remuneration	8.9	6.1	5.0%	3.5%
General Dental Services	0.0	-5.1	0.0%	-1.5%
General Ophthalmic Services	3.6	2.3	4.1%	2.6%
eHealth	37.5	35.5	38.6%	36.5%
Scottish Commission for the Regulation of Care	0.2	-0.1	1.2%	-0.3%

Source: Scottish Government (2009a)

Both Tables 15 and 16 show there is a clear exception in this group of budget lines – eHealth - where significant increases in funding are proposed. This follows on from the plans in the Spending Review 2007. The budget line supports the commitments in the Scottish Government's '[eHealth Strategy 2008-2011](#)' (2008b), and allows the development of a number of programmes and projects, including:

- beginning the development of a clinical portal with a single "sign on" to different sources of patient information
- establishing an eHealth fund to support improvements in primary and community settings to modernise GP systems, support community systems delivered by nurses, midwives and allied health professionals and support data sharing with partner agencies
- business licences e.g. Microsoft, Oracle etc
- National Screening & Child Health IT systems

However, it is also important to note that other aspects of eHealth such as Telehealth are funded through the capital investment budget line (discussed above).

Table 17, below, compares the plans for 2010-11 in last year's Draft Budget with this year's proposals. The changes in the primary care demand-led services reflect the current status of each allocation as discussed above. However, in relation to GDS, the Scottish Government (2009b) has advised that some of the reduction for this line is also due to a transfer of funding to NHS Education for Scotland in respect of dental vocational training. The Scottish Commission for the Regulation of Care sees a slight decrease in proposals for its funding, which the Scottish Government (2009b) states is a reflection of expenditure reprofiling. There is also a small decrease in the eHealth line. The Scottish Government (2009a, p 64) does note this decrease but states that the Draft Budget will still allow the main commitments in the eHealth strategy to proceed to plan, though it would see the deferment of a number of less specific strategy commitments.

Table 17: Comparison for 2010-11 spending in Draft Budget 2009-10 & 2010-11 - P&CC Services	Draft Budget 2009-10 2010-11 Plans £m	Draft Budget 2010-11 £m	Difference £m
General Medical Services	671.3	700.1	28.8
Pharmaceutical Services Contractors' Remuneration	153.6	186.6	33.0
General Dental Services	355.5	343.2	-12.3
General Ophthalmic Services	91	91	0.0
eHealth	139.7	134.7	-5.0
Scottish Commission for the Regulation of Care	17.6	17.4	-0.2

Source: Scottish Government (2008a and 2009a)

## IMPROVING HEALTH AND BETTER PUBLIC HEALTH

This heading includes a large number of different budget lines. As a result, there is no consistent trend. Table 18 outlines the proposals in both cash and real terms.

Table 18: Spending Plans for Improving Health and Better Public Health	2009-10 Budget	2010-11 Draft Budget	2010-11 Draft Budget
	£m	Cash £m	Real £m
Health Improvement and Health Inequalities	47.9	47.2	46.5
Hepatitis C Action Plan Implementation	17.7	17.9	17.6
Pandemic Flu	5.5	36.0	35.5
Health Screening	14.2	8.5	8.4
Tobacco Control	12.3	12.3	12.1
Alcohol Misuse	43.4	44.3	43.6
Health Protection	36.9	28.1	27.7
Mental Wellbeing	6.2	6.4	6.3
Healthy Start	10.0	9.0	8.9
Mental Health Legislation and Services	21.0	20.8	20.5
Specialist Children's Services	9.9	19.9	19.6

Source: Scottish Government (2009a)

Table 19, provides further analysis of these trends in money and percentage terms.

Table 19: Spending Plans for Improving Health and Better Public Health; annual change analysis	Annual Change 2009-10 to 2010-11 (£m)		Annual Change 2009-10 to 2010-11 (%)	
	Cash	Real	Cash	Real
Health Improvement and Health Inequalities	-0.7	-1.4	-1.5%	-2.9%
Hepatitis C Action Plan Implementation	0.2	-0.1	1.1%	-0.4%
Pandemic Flu	30.5	30.0	554.5%	544.9%
Health Screening	-5.7	-5.8	-40.1%	-41.0%
Tobacco Control	0.0	-0.2	0.0%	-1.5%
Alcohol Misuse	0.9	0.2	2.1%	0.6%
Health Protection	-8.8	-9.2	-23.8%	-25.0%
Mental Wellbeing	0.2	0.1	3.2%	1.7%
Healthy Start	-1.0	-1.1	-10.0%	-11.3%
Mental Health Legislation and Services	-0.2	-0.5	-1.0%	-2.4%
Specialist Children's Services	10.0	9.7	101.0%	98.0%

Source: Scottish Government (2009a)

The Health Improvement and Health Inequalities line is to see small decreases in both cash and real terms. Tackling health inequalities is one of the key priorities of the Scottish Government, and this is emphasised in the Draft Budget 2010-11 (2009a, p 62-63) and this line supports efforts outlined in the ['Equally Well Implementation Plan'](#) (Scottish Government, 2008c). The Scottish Government (2009b) has advised the small reductions are due to some projects costs coming to a close in 2010-11. However, it is also clear that many of the other budget lines are involved in this objective, for example alcohol misuse, responding to pandemic flu and national screening programmes.

One of the most significant increases is in the Pandemic Flu line. Table 20, below, shows the increase is significantly higher than was planned for 2010-11 in the Draft Budget 2009-10, and is a result of the Influenza A(H1N1) virus thus far and possible projections for the future. The Scottish Government (2009a, p 61-62) states that it works closely with 8 strategic Co-ordinating Groups across Scotland, which involve NHS Boards, as well as the UK Government and other Devolved Administrations. The spending proposed would be used to:

- procure supplies of the new vaccine and to oversee the delivery programme
- provide medical countermeasures and consumables eg antivirals and facemasks
- ensure sufficient funds for NHS 24, the Scottish Flu Response Centre and Scottish participation in the UK wide National pandemic Flu Service

The Scottish Government (2009b) has provided some additional information on other budget headings under the heading:

- the reduction in health screening programme is due to the refinement of likely costs involved
- the reduction in the health protection line is mainly due to cost refinements
- the reduction in Healthy Start is due to it being a UK reserved scheme and being part of the benefits system. The budgets have been amended to reflect the latest cost estimates

Table 20 compares the plans for 2010-11 in last year's Draft Budget with this year's proposals.

<b>Table 20: Comparison for 2010-11 spending in Draft Budget 2009-10 &amp; 2010-11 - Improving Health and Better Public Health</b>	<b>Draft Budget 2009-10</b>	<b>Draft Budget 2010-11</b>	<b>Difference</b>
	<b>2010-11 Plans</b>		
	<b>£m</b>	<b>£m</b>	<b>£m</b>
Health Improvement and Health Inequalities	50.6	47.2	-3.4
Hepatitis C Action Plan Implementation	21.1	17.9	-3.2
Pandemic Flu	16.0	36.0	20.0
Health Screening	10.8	8.5	-2.3
Tobacco Control	13.8	12.3	-1.5
Alcohol Misuse	48.4	44.3	-4.1
Health Protection	34.6	28.1	-6.5
Mental Wellbeing	6.2	6.4	0.2
Healthy Start	10.0	9.0	-1.0
Mental Health Legislation and Services	21.0	20.8	-0.2
Specialist Children's Services	19.9	19.9	0.0

Source: Scottish Government (2008a and 2009a)

The Scottish Government (2009a, p 57 and 2009b) notes that a number of these reflect budget changes which that have been made since the publication of the Draft Budget 2009-10, namely:

- a portfolio transfer to DG Economy of £0.5m in both 2009-10 and 2010-11 for Health Improvement and Health Inequalities in respect of a sustainable travel demonstration programme Smarter Choices, Smarter Places
- for the Hepatitis C Action Plan there has been a transfer to the Scottish Prison Service of £0.4m in 2009-10 and £0.2m in 2010-11, and the costs have been reassessed but will allow implementation of stage 2 of the Plan
- the reduction in the health screening programme is due to the planned reduction in funding reflecting 'catch-up' in previous years together with increased efficiencies
- in respect of Tobacco Control, a transfer to local authorities of £1.5m in both 2009-10 and 2010-11 in respect of the enforcement of tobacco sales law
- the reduction in the Alcohol Misuse line has been required as part of the overall reduction in the Health budget and it is not envisaged that this will impact on delivery of the alcohol strategy
- the reduction in Health Protection is the result of outcomes being achieved in a more cost-effective way
- the increase in Mental Health Legislation and Services is in order to further support mental health improvements across the country
- the reduction in Healthy Start reflects the recent expenditure trend in the Scottish contribution to the UK scheme

In addition, it is noticeable that the budget line for 'Cervical Cancer Screening', which existed under this heading in the Draft Budget 2009-10, is not included in the Draft Budget 2010-11. The Scottish Government (2009b) has advised this is because the line has been moved into the Miscellaneous Other Services budget line, which is discussed under the General Services heading, below.

## GENERAL SERVICES

This heading includes a number of different budget lines:

- Research – includes research support and funding for the Chief Scientists Office
- Distinction Awards – awarded to individual medical and dental consultants in the NHS in Scotland for “outstanding professional work”
- Access Support for the NHS – support for the NHS in achieving the 18 week waiting times target
- Improvement and Support for the NHS – previously known as the ‘Change and Innovation’ programme
- Clean Hospital / MRSA Screening Programme - screening programme to detect MRSA in hospital patients at admission, and a continuation of work to prevent the spread of infection, reduce serious illness, and release hospital resources for use by other patients

Miscellaneous Other Services is the final line which contains a number of programmes.

[Appendix 3](#) contains a table that has been provided by the Scottish Government (2009b), which offers more detail as to what is contained in the line, with some funding information. However, there are a number of commitments which are worth mentioning specifically:

- the Cervical Cancer Screening budget line that used to sit under the heading of Improving Health and Better Public Health
- the costs of developing and implementing the Healthcare Quality Strategy, which are expected to be in the region of £1m and will be met from existing budget as part of the Patient Focus and Public Involvement programme

Table 21 outlines the budget proposals for each line in both cash and real terms.

<b>Table 21: Spending Plans for General Services</b>	<b>2009-10 Budget £m</b>	<b>2010-11 Draft Budget Cash £m</b>	<b>2010-11 Draft Budget Real £m</b>
Research	67.8	67.9	66.9
Distinction Awards	28.0	30.0	29.6
Access Support for the NHS	151.3	102.8	101.3
Improvement and Support of the NHS	21.1	19.9	19.6
Clean Hospital / MRSA Screening Programme	21.0	21.5	21.2
Miscellaneous Other Services	120.2	225.4	222.1

Source: Scottish Government (2009a)

Table 22 shows the proposed annual change in greater detail.

<b>Table 22: Spending Plans for General Services; annual change analysis</b>	<b>Annual Change 2009-10 to 2010-11 (£m)</b>		<b>Annual Change 2009-10 to 2010-11 (%)</b>	
	<b>Cash</b>	<b>Real</b>	<b>Cash</b>	<b>Real</b>
Research	0.1	-0.9	0.1%	-1.3%
Distinction Awards	2.0	1.6	7.1%	5.6%
Access Support for the NHS	-48.5	-50.0	-32.1%	-33.1%
Improvement and Support of the NHS	-1.2	-1.5	-5.7%	-7.1%
Clean Hospital / MRSA Screening Programme	0.5	0.2	2.4%	0.9%
Miscellaneous Other Services	105.2	101.9	87.5%	84.7%

Source: Scottish Government (2009a)

Tables 21 and 22 show that the lines which would receive both cash and real terms increases are the Distinction Awards, Clean Hospital and Miscellaneous lines. As regards Distinction Awards, the Cabinet Secretary for Health and Wellbeing, Nicola Sturgeon MSP, discussed a review of the scheme in answer to a Parliamentary Question ([S3O-7211](#)) on 3 June 2009. She

stated that “the review group was chaired by the chief medical officer, Harry Burns. The review has concluded and I expect to receive the group's recommendations shortly” (Scottish Parliament, 2009). In terms of the Clean Hospitals line, as noted above, tackling hospital acquired infection is one of the key priorities for the Scottish Government (2009a, p 63). It outlines a number of measures to support its objectives in this area, including: using best available evidence to improve patient care and clinical practice; the hand hygiene campaign; further improvements to cleaning hospitals; improved training for staff; a national strategy to promote prudent antimicrobial prescribing; and, the full roll out of the national MRSA screening strategy.

As regards the remaining lines under this heading, Research would see a small real terms decrease. Significant cash and real terms decreases are also proposed in the Access Support, which Scottish Government (2009a, p 58) notes is due to £28.5m being transferred to NHS Boards and £20m saved through efficiency savings. The Improvement and Support for the NHS also sees a decrease in cash and real terms, though it should be noted that the planned funding for the new cancer waiting time targets outlined in the Cancer Action Plan is included in this line. It represents £555k for 2009-2010 and £928k for 2010-11.

Table 23 compares the plans for 2010-11 in last year's Draft Budget with this year's proposals. It shows that the proposals for Distinction Awards and Improvement and Support for the NHS were planned from last year's Draft Budget. However, both the Clean Hospital and Miscellaneous lines see increases on the plans from last year. Research would get less than was planned, which the Scottish Government (2009b) advises is due to the overall reduction in the Health budget, and the proposal for Access Support discussed above, was not planned in last year's Draft Budget.

Table 23: Comparison for 2010-11 spending in Draft Budget 2009-10 & 2010-11 - General Services	Draft Budget 2009-10	Draft Budget 2010-11	Difference
	2010-11 Plans £m	£m	£m
Research	71.3	67.9	-3.4
Distinction Awards	30.0	30.0	0.0
Access Support for the NHS	151.3	102.8	-48.5
Improvement and Support of the NHS	19.9	19.9	0.0
Clean Hospital / MRSA Screening Programme	20.9	21.5	0.6
Miscellaneous Other Services	219.8	225.4	5.6

Source: Scottish Government (2008a and 2009a)

## INCOME

The income heading, with individual revenue and capital lines, is shown as a negative given it is money coming into the budget and offsets gross expenditure. The proposals for income are outlined in Tables 24 and 25, below.

Table 24: Spending Plans for Income	2009-10 Budget	2010-11 Draft Budget	2010-11 Draft Budget
	£m	Cash £m	Real £m
Revenue	-116.1	-119.8	-118.0
Capital	-92.1	-16.7	-16.5

Source: Scottish Government (2009a)

Table 25: Spending Plans for Income; annual change analysis	Annual Change 2009-10 to 2010-11 (£m)		Annual Change 2009-10 to 2010-11 (%)	
	Cash	Real	Cash	Real
Revenue	-3.7	-1.9	3.2%	1.7%
Capital	75.4	75.6	-81.9%	-82.1%

Source: Scottish Government (2009a)

Whilst it is proposed revenue is predicted to rise by 3.2% in cash terms and 1.7% in real terms over the next year, capital is predicted to fall significantly between 2009-10 and 2010-11. The Scottish Government (2009b) has stated that this income source is driven by NHS Boards property sales activity which means that year-on-year trend comparison is not always meaningful. Indeed, as shown in Table 26, which compares the plans for 2010-11 in last year's Draft Budget with this year's proposals, this is as was predicted in last year's Draft Budget.

<b>Table 26: Comparison for 2010-11 spending in Draft Budget 2009-10 &amp; 2010-11 - Income</b>	<b>Draft Budget 2009-10 2010-11 Plans £m</b>	<b>Draft Budget 2010-11 £m</b>	<b>Difference £m</b>
Revenue	-119.8	-119.8	0.0
Capital	-16.7	-16.7	0.0

Source: Scottish Government (2008a and 2009a)

## SPORT

There are two budget lines under the Sport heading. The first, 'sport', provides support for the development of sport within Scotland, taken forward through the Scottish Government's strategy for sport 'Reaching Higher' (2007). The second, 'Glasgow 2014', represents the main contribution to the operational costs of staging the Glasgow 2014 Commonwealth Games. The Scottish Government (2009) sees sport as an important way of encouraging a healthier population. The proposals set out in the Draft Budget 2010-11 are detailed in Tables 27 and 28.

<b>Table 27: Spending Plans for Sport</b>	<b>2009-10 Budget £m</b>	<b>2010-11 Draft Budget Cash £m</b>	<b>2010-11 Draft Budget Real £m</b>
Sport	47.3	43.3	42.7
Glasgow 2014: Delivery of Commonwealth Games	6.6	11.6	11.4
<b>Total</b>	<b>53.9</b>	<b>54.9</b>	<b>54.1</b>

Source: Scottish Government (2009a)

<b>Table 28: Spending Plans for Sport; annual change analysis</b>	<b>Annual Change 2009-10 to 2010-11 (£m)</b>		<b>Annual Change 2009-10 to 2010-11 (%)</b>	
	<b>Cash</b>	<b>Real</b>	<b>Cash</b>	<b>Real</b>
Sport	-4.0	-4.6	-8.5%	-9.8%
Glasgow 2014: Delivery of Commonwealth Games	5.0	4.8	75.8%	73.2%
<b>Total</b>	<b>1.0</b>	<b>0.2</b>	<b>1.9%</b>	<b>0.4%</b>

Source: Scottish Government (2009a)

As can be seen Over the period of the Draft Budget the 'sport' line sees a proportionally significant decrease in cash and real terms, whilst the 'Glasgow 2014' line will see very significant increases. However, this is as planned in the Draft Budget 2009-10, as shown in Table 29, below.

The Scottish Government (2009a, 70-71) notes that the 'sport' budget will continue to be delivered through a restructured sportscotland via six decentralised hubs. The aim of this is to ensure that developments take full account of local circumstances. Key to this development will be the implementation of a network of Community Sports Hubs, which will seek to bring together local people to participate in sport and physical activity in their own community. The Scottish Government envisages these Hubs to be based in local facilities such as sports centres, community centres and /or schools. They are to provide a "home" for local clubs and local sport and be the source of information and advice to local people.

As regards the Commonwealth Games, the Scottish Government (2009a) discusses the positive economic impact that they will bring to Glasgow, and mentions the importance of building a lasting legacy. To this end, the Scottish Government (2009c) published '[On your marks ...Get set...Go: A games legacy for Scotland](#)' on 1 September 2009.

Table 29 compares the plans for 2010-11 in last year's Draft Budget with this year's proposals. As can be seen there are no differences. However, the Scottish Government (2009a, p 72) does note that as part of the Spending Review 2007 outcome, sport received a non-recurrent supplement in 2009-10 and, thus, funding for 2010-11 now reverts to planned levels.

<b>Table 29: Comparison for 2010-11 spending in Draft Budget 2009-10 &amp; 2010-11 - Sport</b>	<b>Draft Budget 2009-10</b>	<b>Draft Budget 2010-11</b>	<b>Difference</b>
	<b>2010-11 Plans</b>		
	<b>£m</b>	<b>£m</b>	<b>£m</b>
Sport	43.3	43.3	0
Glasgow 2014: Delivery of Commonwealth Games	11.6	11.6	0
<b>Total</b>	54.9	54.9	0

Source: Scottish Government (2008a and 2009a)

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## APPENDIX 1: SCOTTISH GOVERNMENT NATIONAL INDICATORS PERFORMANCE – HEALTH AND SPORT

Progress Draft Budget 2009-10	Progress Draft Budget 2010-11	National Indicator	
		<a href="#">60% of school children in primary 1 will have no signs of dental disease by 2010</a>	
		<a href="#">Improve the quality of healthcare experience</a>	
		<a href="#">Reduce the rate of increase in the proportion of children with their Body Mass Index outwith a healthy range by 2018</a>	
		<a href="#">Increase the average score of adults on the Warwick-Edinburgh Mental Wellbeing Scale by 2011</a>	
		<a href="#">Increase healthy life expectancy at birth in the most deprived areas</a>	
		<a href="#">Reduce the percentage of the adult population who smoke to 22% by 2010</a>	
		<a href="#">Reduce alcohol related hospital admissions by 2011</a>	
		<a href="#">Achieve annual milestones for reducing inpatient or day case waiting times culminating in the delivery of an 18 week referral to treatment time from December 2011</a>	
		<a href="#">Reduce proportion of people aged 65 and over admitted as emergency inpatients 2 or more times in a single year</a>	
		<a href="#">Reduce mortality from coronary heart disease among the under 75s in deprived areas</a>	
		<a href="#">Increase the percentage of people aged 65 and over with high levels of care needs who are cared for at home</a>	
		<a href="#">Decrease the estimated number of problem drug users in Scotland by 2011</a>	
		<a href="#">Increase the proportion of adults making one or more visits to the outdoors per week</a>	
		<a href="#">Improve public sector efficiency through the generation of 2% cash releasing efficiency savings per annum</a>	
 Performance Improving	 Performance Maintaining	 Performance Worsening	 Performance data currently being collected

Source: Scottish Government '[Scotland Performs: National Outcomes – Health lives](#)' [Online]

## APPENDIX 2: NHS HEAT TARGETS FOR 2009/10

### Health Improvement Targets

- 80% of all three to five year old children to be registered with an NHS dentist by 2010/11.
- Achieve agreed completion rates for child healthy weight intervention programme by 2010/11.
- Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/11.
- Reduce suicide rate between 2002 and 2013 by 20%, supported by 50% of key frontline staff in mental health and substance misuse services, primary care, and accident and emergency being educated and trained in using suicide assessment tools/suicide prevention training programmes by 2010.
- Through smoking cessation services, support 8% of each Board's smoking population in successfully quitting (at one month post quit) over the period 2008/9 - 2010/11.
- Increase the proportion of new-born children exclusively breastfed at 6-8 weeks from 26.6% in 2006/07 to 33.3% in 2010/11.
- Achieve agreed number of inequalities targeted cardiovascular Health Checks during 2009-10.

### Efficiency Targets

- NHS Boards to deliver agreed improved efficiencies for 1st outpatient attendance DNA, non-routine inpatient average length of stay, review to new outpatient attendance ratio and day case rate by March 2011.
- NHS boards to operate within their agreed revenue resource limit; operate within their capital resource limit; meet their cash requirement.
- NHS boards to meet their cash efficiency target.
- To increase the percentage of new GP outpatient referrals into consultant led secondary care services that are managed electronically to 90% from December 2010.
- NHS Scotland to reduce emissions over the period to 2011
- Achieve universal utilisation of CHI (radiology requests)
- NHS Boards to ensure at least 80 per cent of staff covered by Agenda for Change to have their annual Knowledge Skills Framework development reviews completed and recorded on e-KSF by March 2011.

### Access Targets

- Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team by 2010/11.
- The maximum wait from urgent referral with a suspicion of cancer to treatment is 62 days; and the maximum wait from decision to treat to first treatment for all patients diagnosed with cancer will be 31 days from December 2011.
- Deliver 18 weeks referral to treatment from 31 December 2011. No patient will wait longer than 12 weeks from referral to a first outpatient appointment from 31 March 2010. No patient will wait longer than 12 weeks from being placed on a waiting list to admission for an inpatient or day case treatment from 31 March 2010.
- To offer drug misusers faster access to appropriate treatment to support their recovery.
- NHS Boards to deliver faster access to Child and Adolescent Mental Health Services.

## Treatment Targets

- QIS clinical governance and risk management standards improving.
- Reduce the annual rate of increase of defined daily dose per capita of anti-depressants to zero by 2009/10, and put in place the required support framework to achieve a 10% reduction in future years.
- Reduce the number of readmissions (within one year for those that have had a psychiatric hospital admission of over 7 days by 10% by the end of December 2009).
- To achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, Asthma, Diabetes or CHD, from 2006/7 to 2010/11.
- Improvement in the quality of healthcare experience.
- Increase the level of older people with complex care needs receiving care at home.
- Each NHS Board will achieve agreed improvements in the early diagnosis and management of patients with a dementia by March 2011.
- To support shifting the balance of care, NHS Boards will achieve agreed reductions in the rates of attendance at A&E, between 2007/08 and 2010/11.
- To reduce all staphylococcus aureus bacteraemia (including MRSA) by 30% by 2010; to introduce and comply with local antimicrobial policies by 2010; and to reduce the rate of C.diff infection in hospitals by at least 30% by 2011.
- By 2010/11, NHS Boards will reduce the emergency inpatient bed days for people aged 65 and over, by 10% compared with 2004/05.

Source: Scottish Government ['NHSScotland Performance – Targets'](#) [Online]

## APPENDIX 3: BUDGET PLANNING FOR MISCELLANEOUS OTHER SERVICES BUDGET LINE

Miscellaneous Other Expenditure Analysis	2010-11 At Draft Budget 2009-10 Cumulative (£m)	2010-11 At Draft Budget 2010-11 Cumulative (£m)
1. Primary Care Pressures and Developments: <i>Provision for Pay Awards Prescription Charges Primary Care Developments Adult Support and Protection</i>	154.0	101.2
2. Savings – Pharmacy Drugs Pricing	(55.0)	-
3. Miscellaneous Programmes above £10m: <i>Impairments (AME) NHS Board Allocations not in baseline e.g. Highlands and Islands Scheme, Regional Cancer, Creutzfeldt-Jacob Disease (CJD) Prion Filters</i>	81.4	78.6
4. Miscellaneous Programmes below £10m*	39.4	45.7
<b>Totals</b>	<b>219.8</b>	<b>225.4</b>

### \* Examples of programmes below £10m

*Community Care Section 10 Grants  
 Dentistry Access & School Dental Services  
 Managed Clinical Networks  
 Organ Donation Taskforce  
 Patient Focus Public Involvement  
 Scottish Health Survey  
 Self Care  
 Unscheduled Care*

Source: Scottish Government (2009b)



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## RELATED BRIEFINGS

Burnside, R. (2009) *Draft Budget 2010-11*. SPICe Briefing 09/66. Edinburgh: Scottish Parliament. Available at:

<http://www.scottish.parliament.uk/business/research/briefings-09/SB09-66.pdf>

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