Clinical Services review: The Case For Change
Facing the Future Together: One year on
Robert Calderwood, chief executive, looks back at what progress we have achieved under the programme

LAST November, when I launched Facing The Future Together (FTFT), I spoke about how this programme was vital to help us meet the significant challenges we face as an organisation.

FTFT is about everyone taking a fresh look at how we support each other to do our jobs, provide an even better service to patients and communities and improve how people feel about NHS Greater Glasgow and Clyde (NHSGGC) as a place to work.

Feedback has been continually gathered since the launch, but this first anniversary is an ideal time to take stock of and think about the next stage of development.

What progress have we made?

Our LEADERS:

- NHSGGC Leadership Framework and Self-Assessment local and national leadership competencies are set out in FTFT with supporting materials which are being used routinely by leaders across our system.
- There has been positive feedback on the Managers and Team Leaders Checklist, which provides a simple self-assessment and focus on good practice management and leadership standards needed for FTFT success.
- Finally 2000 of our managers and team leaders have registered to receive direct email communications and Core Brief alert on order that they see better informed.
- The Corporate Management Team no longer meets across the board area with local managers able to join the Team for an informal session once a month.

Our RESOURCES:

- Significant resources have been developed and implemented to save money with many of the staff involved being recognised in the local awards process.
- There is a new place on FTFT on StaffNet capturing and sharing improvements. This is featured in this edition of Staff Newsletter and has been a major success, with more than 200 members of staff recognised this year.
- Staff have taken up the invitation of our Chair, Andrew Robertson, to attend a board meeting.

Our PEOPLE:

- Many staff report experiencing improved learning and engagement, with better Team Briefs and team meetings.
- FTFT papers, including local pages, provide up-to-date information and development materials.
- Staff are using FTFT online to contribute to change, new policies and planning.
- The online forums on the FTFT home page provide new opportunities to ask questions, submit improvement ideas and to raise issues under “I could do my job better if...”. We will keep encouraging staff to use these.
- Local awards are in place to recognise individual or teams of staff who have “gone the extra mile” in delivering care or services or implementing improvements. This is featured in this edition of Staff Newsletter and has been a major success, with more than 200 members of staff recognised this year.
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Our CULTURE:

- FTFT has enabled us to set out the values and the behaviors we want to promote with a focus on relationships with each other.
- Everyone has been asked to consider what these mean for their own work and in their own teams.
- Teams are vital to our success and a major initiative to improve how we work in our teams has been launched. Teamwork is critical to us providing the best for our patients and creating a positive environment at work.
- Everyone has been asked to consider how well they work in their teams and with other teams. A development framework and tools are available to support this.

Our FTFT winners are making a real difference

As part of the FTFT commitment to recognising and thanking staff when they go that extra mile, our directorates and partnerships have introduced a staff recognition scheme. Here, SN highlights some of the overall winners whose hard work has been recognised by senior management.

Diagnostic services hold a very successful awards presentation where the MS6 Central Booking Office, made up of Cathy Maitland, Marion Inglis, Iain Cameron, Lynsay Wright, Ryan Chessnut, Nicola Hearn and Charlene Craig, scooped the Overall Award. The Speech and Language Therapy department picked up the Overall Award within Rehabilitation and Assessment for the number of nominations the team received, which demonstrated the extent of the team spirit at a particularly challenging time for the department.

Innovations and improvements which resulted in a strong positive impact on the quality of service delivery to patients won the Catering Production Unit team the Overall Facilities Award. The team, made up of Michael McColl, Helen Davidson, Cathetine McConnell and Glenn Gordon, were thrilled.

Dr Tara Collidge, alongside colleagues Leigh Bainbridge, Gail Dunsmore and Pamela Sinclair, picked up the Regional Services Award for their Renal Neonatology Project at the Vale of Leven Hospital.

East Dunbartonshire CHS meanwhile, recognised Lorraine Currie for her work in developing the PCNHT (primary care mental health team), making significant improvements to the service. Introducing a new online programme for teaching emergency nurse practitioners scooped the Overall Emergency Care and Medical Services Award for Mhairi Lloyd and Dennis Pursglove. Practice development midwife Diana Clark walked away with the Women and Children’s Overall Award, having been nominated in three different categories of their local awards.

At Enkine Hospital, Marie Gernery, Alison O’Donnell and Anne Gibson were crowned Renfrewshire CHS’s Overall winners for the development of the Bowel Screening Made Easy programme of training, booklets, DVD, toolkits and alternative resources for individuals with learning disabilities.

The treatment team staff at Forth Valley Health Centre picked up the Glasgow City CHS Overall Award for their bravery in assisting a patient who had poured flammable liquid over himself and set himself alight.

The ophthalmology department at the IRH were the Overall winners within Surgery and Anaesthetics. They have been working hard to respond to developments in ophthalmic procedures, as well as increasing their capacity for day cases.

This list of winners is just part of the success story—you can view a full list of the Facing The Future Together local winners on SN Online.
What makes your team work well?

Who needs to be part of your team?

Clarity and commitment to team objectives
Are you clear about exactly why you are working together as a team? There is no reason to be a team, and are there regular opportunities to interact and share information?

Decision making and communications
Do all team members feel they have influence in the decisions made in the team and are there regular opportunities to interact and share information?

Focus on quality
Is there a collective focus on the quality of what the team delivers and do everyone feel they contribute to the performance of the team?

Support for innovation
In the team is there practical support for developing new ideas and implementing improvements? Do you have systems or methods in place to do this?

Working with other teams
What are the opportunities to work better with others outside your team who may contribute to what you deliver? Do you ask them for feedback?

For more information and tools for team effectiveness, visit Teams home page in Facing The Future Together on StaffNet.

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In March this year, we began a process to establish how we needed to start planning to deliver improved and sustainable services to meet the changing needs and expectations of our population. Our starting point was to establish clinically led working groups who were charged with exploring, researching and gathering opinions from clinical teams, managers, other staff and other stakeholders including patient groups and specialist organisations. Eight working groups were formed under expert senior clinical leadership. Dr Emilia Crighton led the population health group; Dr Daniel Murdoch and his group investigated chronic disease and long-term conditions; Anne Hawkins and Dr Michael Smith led on mental health; and Dr David Stewart led a group looking at emergency care and trauma service.

For each of the working groups, there is a patient reference group made up of up to 30 members (individuals representing patients, health-related charities and volunteer agencies), and a single overarching group listening to the issues as they emerge and are discussed and giving their input directly to the relevant related clinical group.

The input from the patient reference groups has to date been tremendous and has helped inform and shape the initial findings that will drive us forward to the next stages of forward planning.

The starting point for the groups was to take into account the changes to our population that are forecast to happen over the next decade. One certainty is that the number of older adults will grow substantially, but the impact of this on health when coupled with the expected improvements to treatments and ways of managing disease and illness are highly complex.

NHS Scotland has an ambitious vision that by 2020, everyone in Scotland will be able to live longer and healthier lives at home or in a homely setting.

The challenge we face today is how we use our resources most effectively to deliver innovative and sustainable services. These studies have all shown a strong link between effective teamworking and:

• lower levels of stress among staff
• better care, outcomes and experience for patients
• a compelling case for us all to play our part!
• improved and sustainable services
• stronger teams
• improved and sustainable services
• a compelling case for us all to play our part!

The case for team working in health:
We have looked at healthcare studies in the UK which examined team working in primary care, hospitals and mental health services. These studies all show a strong link between effective teamworking and:

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The health needs of our population are significant and changing...

Key themes that have emerged

The Case For Change that has emerged from the working groups is compelling. The individual working groups skilfully impact on each other in many respects. This demonstrated yet again how interdependent services are on each other and how many of the issues were common to several groups.

With the focus on what is best for the patient, it is clearer now than ever before that we need to re-examine and realign NHS staff skills and resources to become more effective at meeting the significant and changing health needs of our population. Our services are not always organised in the best way for patients.

We need to do more to make sure that care is always provided in the most appropriate setting and we need to support our workforce to meet future changes. Other findings from the clinical groups included the need to do more to support people to manage their own health and prevent crises.

Three other themes emerging from the groups were: growing pressure on primary care and community services; the need to provide the highest-quality specialist care; and the increasing specialisation needs to be balanced with the need for co-ordinated care which takes an overview of the patient. Healthcare is changing and we need to keep pace with best practice and standards.

We need to do more to make sure that care is always provided in the most appropriate setting: The most powerful conclusion to emerge here is that while patients need to be able to access hospital care when required, more must be done to offer different approaches to treatment to avoid admissions.

Our board area has higher hospital admission rates than almost all other Scottish health boards, even when adjusted for age, sex and deprivation. Many of our patients stay in hospital too long — about 100,000 bed days is the current annual cost of delayed discharges! Alternative options to hospital care are not always easy for patients to access, and yet patients value local access and to be supported at home or in their local community where possible.

The clear conclusion here is that, unless we change our approach, the impact of the population changes and health needs will drive increasing demand and expenditure in hospital care.

The current system relies heavily on care, many of whom face significant challenges and may also be ageing. We need to support carers better to continue to care.

The Old People’s Services clinical group particularly focused on a few key themes including how to enable more patients to have end-of-life care and die at home.

Another was how best to remove the barriers to patients returning home when suffering dementia or feeling once an acute condition has been addressed, and to this end, the answer seems to be in providing better home-based support.

We need to provide the highest-quality specialist care: We need to maintain our role as a centre of excellence and patients need to have trust and confidence in our ability to give them access to the high-quality specialist care. Speciality units performing a large number of cases achieve better results and there is also a strong evidence base for access to specialist care on a 24/7 basis to maximise patient health outcomes.

Increasing specialisation needs to be balanced with the need for co-ordinated care: GPs currently take an overview of all a patient’s conditions, but have to communicate with multiple different hospital specialists, which can make it difficult to agree a comprehensive care plan.

It’s not always clear to patients and professionals who is taking overall responsibility for all elements of the patient’s care, both in community and in hospital. The current model of episodic, single speciality care leads to a risk of duplication of activity and multiple visits to hospital for patients.

To address these issues, we need to develop more integrated models of care in NHSGC.
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Healthcare is changing and we need to keep pace with the best practice and standards to improve outcomes for all:
There is currently variation across sites in NHSGGC in relation to the organisation of emergency care, planned care and the range and access arrangements for primary care and community services.
We also need to keep pace with advances in treatment and make sure we build on our role as an academic centre of excellence and leader in clinical research, although access to high-tech equipment to support new treatments may not be available at all sites.

We need to support our workforce to meet future changes:
We need to face the challenges of the workforce in providing 24-hour cover, with changes to training, skill-mix and workforce demographics.
With growing specialisation, the challenge grows to maintain sustainable emergency rotas and expertise in general acute care.
The key emerging issue is that we need to consider how professions can work better together in teams across agencies and with individuals and carers.

WHERE TO FIND MORE INFORMATION

The Case For Change papers are being circulated widely with staff groups and shared with individuals via SN, Core Brief and StaffNet to encourage staff to contribute to the discussion.
You can make your comments through the NHSGGC website or via StaffNet or you can email views, comments or ideas directly to the Clinical Services Review Group at rebecca.boyce@ggc.scot.nhs.uk

The next step is for the CSR to develop options for change that will deliver the needs identified by the working groups as we prepare to plan for the future beyond 2015 and on to 2020.

Mental health/addictions: The Case For Change

This working group has made a compelling case for change with the recognition that the roles, responsibilities and boundaries and interfaces between different service providers are often unclear.
There are also high levels of variability between areas within Greater Glasgow and Clyde and the management of multiple needs between multiple teams can also create barriers.
In adult mental health, the group argues, there is variability, complexity and fragmentation.
In the area of older peoples mental health, there will be significant challenges for the service to meet with increasing numbers of people with dementia, leading to an additional 29 per cent increase in treatment, care and support needs by 2020.
In addictions, there is a need for greater service user involvement in care planning, peer support and commitment to recovery. As for unmet need, there is a sizeable and growing number of people with significant alcohol or drug problems who do not access services in a planned way... and there are capacity issues within addiction teams.

More support is required for locally based multi-disciplinary teams to enable them to play a greater role in accessing the range of care options for individuals that tailor treatment care and maximises affect.

Dr Michael Smith: “We need to expand our community provision with a new focus on prevention, self-help and early intervention for mental health problems.”

Surgeon George Welch: “It is clear that patients want local access to clinical services, but understand that clinical outcomes for complex procedures are better in specialist centres.”

STAFF NEWSLETTER

Staff Newsletter is written by staff for staff with the full support of the Area Partnership Forum
Please send articles, letters and photographs to: NHSGGC Communications, Staff Newsletter, JB Russell House, Gartnavel Royal Hospital Campus, 1055 Great Western Road, Glasgow, G12 0XH
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