

# Greater Glasgow and Clyde NHS Board

## Board

Tuesday 27 June 2006



Director of Finance

Board Paper No. 2006/33

## FINANCIAL PLAN

### RECOMMENDATIONS:

Members are asked to:

- i approve the attached report which contains the Board's financial plan for 2006/07 for the Greater Glasgow area of NHS Greater Glasgow and Clyde; and
- ii note the indicative figures and analysis provided for the years beyond 2006/07.

### 1 INTRODUCTION AND BACKGROUND

Each year the Board is required to submit a five year financial plan to SEHD. The attached paper provides a summary of the draft submission which has been made to SEHD. It describes the Board's financial plan for 2006/07 and provides indicative figures and analysis for the years beyond 2006/07. The paper has been considered by the Board's Performance Review Group, who have approved the 2006/07 Financial Plan and noted the indicative figures and analysis set out for the years beyond 2006/07. This will be used to inform the development of a longer term financial plan for Greater Glasgow and Clyde during 2006/07, involving each operational area, its director and their management teams in an inclusive process, scheduled to commence in August 2006.

A draft financial plan has also been prepared for the "Clyde" area of the expanded NHSGG&C Health Board. This is currently being finalised and will be submitted to PRG and the NHS Board in due course.

### 2. CONCLUSION

Members are asked to:

- i approve the attached report which contains the Board's financial plan for 2006/07 for Greater Glasgow area of NHS Greater Glasgow and Clyde; and
- ii note the indicative figures and analysis provided for the years beyond 2006/07

A draft five year financial plan has been submitted to SEHD, as required, during March 2006. This comprises a firm plan for 2006/07 with indicative figures for 2007/08 onwards. The key elements of the Financial Plan and the main underlying assumptions are explained below:

## **1 OVERALL FINANCIAL POSITION**

A summary of the overall financial position is set out below. This shows total revenue funding and total expenditure commitments, forecast over a 5 year period. The table shows how total revenue funding and expenditure is forecast to change over the period to 2010/11. The most significant factor which influences this change is the annual general funding uplift notified by SEHD. This is explained further within section 2 below, which also provides an overview of the different sources of funding which combine to form the Board's total revenue funding envelope.

	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>
	<b>£M</b>	<b>£M</b>	<b>£M</b>	<b>£M</b>	<b>£M</b>
Revenue Funding	1,890.6	1,971.6	2,070.9	2,175.3	2,285.1
Expenditure Commitments	1,890.6	1,971.6	2,070.9	2,175.3	2,285.1

Key points are:

- The Board is forecasting the achievement of financial breakeven over the five year period to 2010/11.
- The financial plan provides for the estimated net additional costs associated with accelerating the achievement of an 18 week waiting time target from the original target date of December 2007 to December 2006.

The net additional recurring investment required to achieve this, commencing in 2006/07, after taking account of additional funding contributions anticipated from other Health Boards and National Waiting Times Unit (NWTU), is £4.9 million.

- The financial plan provides for the latest forecast of additional funding required to support implementation of the Acute Services Review (ASR), (i.e. Beatson and ACADs) together with other currently identified service commitments, including implementation of a new Local Forensic Psychiatry Unit (LFPU) on the Stobhill Hospital site. The scale of new investment required to support implementation of the ASR will inevitably limit the scope for allocating new funds for investment in other service areas, particularly in 2009/10, when ASR related investment steps up significantly and is likely to draw upon the full amount of available funds, after providing for general cost inflation.
- The financial plan incorporates a Greater Glasgow cost savings plan for 2006/07 and 2007/08, as submitted to SEHD and incorporated by SEHD within its own response to the National "Efficient Government Initiative".

## 2 FUNDING SOURCES – SUMMARY

A summary of the revenue funding plan for 2006/07 is set out below. This shows the main funding sources which the Board will deploy to cover its expenditure commitments in 2006/07, starting with the funding base brought forward from 2005/06, and maps out how this is expected to change to arrive at the total of available funds for 2006/07.

	<b>BASE FUNDING (2005/06)</b>	<b>MOVEMENTS IN FUNDING WITH MATCHING MOVEMENTS IN EXPENDITURE</b>	<b>ADDITIONAL FUNDING</b>	<b>TOTAL AVAILABLE FUNDS (2006/07)</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
General funding allocation from SEHD	1,398.8	(11.9)	81.0	1,467.9
Family Health Services Funding (non cash limited) from SEHD	69.0	3.1	-	72.1
Funding received from other Health Boards, NES, NSD etc	315.2	10.9	-	326.1
Other	16.3	0.7	7.5	24.5
<b>TOTAL REVENUE FUNDING</b>	<b>1,799.3</b>	<b>2.8</b>	<b>88.5</b>	<b>1,890.6</b>

The Board's financial plan for 2006/07 anticipates £88.5m of additional funding which will become available for allocation in 2006/07. The summary below shows how this divides between recurring and non recurring funds. It also shows the forecast uplift in general funding for the remaining four year period of the five year plan.

	<b>2006/07 £M</b>	<b>2007/08 £M</b>	<b>2008/09 £M</b>	<b>2009/10 £M</b>	<b>2010/11 £M</b>
<b>General Funding Uplift (%)</b>	76.5 (6.75%)	72.9 (6.0%)	77.3 (6.0%)	81.9 (6.0%)	86.8 (6.0%)
Other Recurring Funding Sources					
NWTU – Anticipated Step Up In Recurrent Funding In 2006/07	1.9				
Other Health Boards – Share of increased spend In 2006/07 on waiting times	2.4				
Withdrawal of unmet needs funding	(8.0)				
	(3.7)				
<b>Net Recurring Funding Increase</b>	<b>72.8</b>				
Non Recurring Funding Sources					
Land Sales	7.5				
NWTU funding carried forward from 2005/06	3.7				
Other funding carried forward from 2005/06	4.5				
	15.7				
<b>Total Additional Funding</b>	<b>88.5</b>				

Key points are:

- SEHD have confirmed that the uplift in general funds for 2006/07 is 6.75%.
- An indicative funding uplift of 6.0% is assumed for 2007/08, based on SEHD guidance. A 6% uplift is also assumed, at this stage, for the remainder of the five year planning period. With pay pressure expected to ease back following implementation of Consultants' Contract/GMS Contract/Agenda for Change, it may be that future funding uplifts beyond 2007/08 fall below 6.0%. This will be carefully monitored as the potential impact on future expenditure plans would be significant.

### 3 RECURRING AND NON RECURRING FUNDING OF PLANNED EXPENDITURE

A summary highlighting the extent to which the Board's expenditure commitments are underpinned by non recurring funding is provided below:

	2006/07 £M	2007/08 £M	2008/09 £M	2009/10 £M	2010/11 £M
<b>Recurring Funding Less Recurring Expenditure</b>	<b>(0.3)</b>	<b>0.4</b>	-	-	-
<u>Non Recurring Funding</u>					
NWTU funding	3.7				
Other funding carried forward from 2005/06	4.5				
	8.2				
Land Sales	7.5	3.5			
	<b>15.7</b>	<b>3.5</b>	-	-	-
<u>Non Recurring Expenditure</u>					
Energy costs	3.5				
Minor works/equipment	7.0				
Waiting Times	3.2	3.8			
Other service commitments	1.7	0.1			
	<b>15.4</b>	<b>3.9</b>	-	-	-
<b>Non Recurring Funding Less Non Recurring Expenditure</b>	<b>0.3</b>	<b>(0.4)</b>			
<b>Forecast Surplus/(deficit)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

The above table shows both recurring and non recurring funding and expenditure commitments closely in balance over the five year period.

Key points are:

- Provision is made for non recurring expenditure of £7 million on minor works/equipment in 2006/07. This represents the financial impact of the facility to convert a proportion of our annual capital funding allocation into revenue to cover expenditure on minor equipment, building refurbishment, repairs etc, no longer being available. At this stage, provision is made to cover expenditure in 2006/07 only, in anticipation that SEHD will be able to secure, through negotiation with Treasury, the reinstatement of an equivalent facility to vire capital funding to revenue funding from 2007/08 onwards. If SEHD are unable to achieve this, it will be necessary to provide for an additional cost pressure of circa £7 million per annum from 2007/08 onwards within the Board's financial plan.

- The capital to revenue virement facility has also previously been used to cover the costs of professional advice received in support of negotiating contracts for new buildings provided under PPP financing arrangements – at present this expenditure is typically £3 million per annum for Greater Glasgow. SEHD are current exploring ways in which this category of expenditure can continue to be covered from outwith the Board’s revenue funding envelope, accordingly no provision is made, at this stage, to cover this expenditure from within the Board’s revenue funding plan for 2006/07.
- Land sales income is forecast to come from the disposal of land at the former Woodilee Hospital site, where conclusion of a sales contract is now anticipated during 2006/07.
- A proportion (ie 50%) of the significant growth in energy costs forecast for 2006/07 is classified as non recurrent expenditure at this stage. The appropriateness of this classification will be reviewed during 2006/07 in the light of the actual movement of gas and electricity prices during 2006/07 and updated information on forecast future movements in energy prices which becomes available from NSS.

#### 4 PLANNED USE OF NEW RECURRING REVENUE RESOURCES

This section contains an overview of the forward financial plan to 2010/11, showing how new recurring revenue resources which become available to Greater Glasgow might prospectively be allocated.

	2006/07 £m	2007/08 £m	2008/09 £m	2009/10 £m	2010/11 £m
<b>New Revenue Resources</b>	<b>72.8</b>	<b>72.9</b>	<b>77.3</b>	<b>81.9</b>	<b>86.8</b>
<b><u>Expenditure Plan</u></b>					
Inflation and other pressures	55.9	53.8	56.9	60.1	63.4
<b><u>Local Health Plan</u></b>					
<b>1 Prior year commitments brought forward</b>	16.3	17.1	11.8	5.0	5.0
<b>2 New commitments:</b>					
<u>Acute Services</u>					
• Acute Waiting Times	9.2	1.7	-	-	-
• Other Acute	2.7	2.4	-	-	-
• Acute ASR Programme	1.9	0.9	2.0	20.0	16.1
<b>Acute Sub Total</b>	<b>13.8</b>	<b>5.0</b>	<b>2.0</b>	<b>20.0</b>	<b>16.1</b>
Mental Health	5.0	-	-		
Child & Maternal	2.9	0.5	-		
Primary Care and Other	5.3	2.3	-		
Deferred commitments - TBA	(2.0)	2.0			
Local Health Plan – beyond 2006/07	-	9.1	11.6	1.8	7.3
<b>Total New Commitments</b>	<b>25.0</b>	<b>18.9</b>	<b>13.6</b>	<b>21.8</b>	<b>23.4</b>
<b>3 Forecast commitments carried forward</b>	(16.8)	(11.8)	(5.0)	(5.0)	(5.0)
<b>Total Local Health Plan (1+2+3)</b>	<b>24.5</b>	<b>24.2</b>	<b>20.4</b>	<b>21.8</b>	<b>23.4</b>
<b><u>Other Initiatives</u></b>					
Cost Savings Plan	4.9	5.5	-	-	-
CIP to be identified	2.4	-	-	-	-
	7.3	5.5	-	-	-
<b>Total Additional Expenditure</b>	<b>73.1</b>	<b>72.5</b>	<b>77.3</b>	<b>81.9</b>	<b>86.4</b>
Recurring surplus/(deficit)	(0.3)	0.4	-	-	-
Non recurring funding less non recurring expenditure	0.3	(0.4)	-	-	-
<b>Forecast surplus/(deficit)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

Key points and assumptions are:

– **Inflation and Other Pressures**

An analysis of the total provision for inflation and other pressures is provided below:

	2006/07		2007/08		2008/09		2009/10		2010/11	
	% Inc	Cost £m	% Inc	Cost £m	% Inc	Cost £m	% Inc	Cost £m	% Inc	Cost £m
Pay	4.2	26.9	4.0	26.4	4.0	27.9	4.0	29.4	4.0	30.9
General Supplies	1.2	2.6	2.0	4.6	2.0	4.8	2.0	5.0	2.0	5.2
Energy Costs	-	3.5								
Prescribing	5.8	12.9	6.2	14.4	6.2	15.4	6.2	16.5	6.2	17.7
Capital charges	-	2.0								
Non Glasgow cost inflation	-	8.0	-	8.4	-	8.8	-	9.2	-	9.6
		<b>55.9</b>		<b>53.8</b>		<b>56.9</b>		<b>60.1</b>		<b>63.4</b>

The summary shows pay costs rising by 4.2% in 2006/07. This takes account of the forecast impact of Agenda for Change on pay progression in 2006/07 together with a provision of £1.3 million to cover the potential cost impact of Modernising Medical Careers (MMC) implementation during 2006/07. An overall percentage increase of 4% is provided for in future years to cover general pay inflation, the ongoing impact of Agenda for Change on pay progression and the potential cost impact of implementing MMC. It is possible that the rate of pay increase in future years may ease back from current levels and that this will be mirrored in a corresponding reduction in the rate of annual general funding uplift. This is discussed further within Section 6 below.

A 2% increase in non pay costs is assumed from 2007/08 onwards. In 2006/07 a reduced rate of 1.2% has been assumed, reflecting the current trend of general cost inflation **excluding** energy and prescribing. A specific additional provision has been made for additional expenditure on energy in 2006/07, taking account of recent price movements associated with the supply of gas and electricity.

The forecast growth in prescribing spend for 2006/07 is based on projections provided by our prescribing advisors for both Acute and Primary care for 2006/07, and has been approved by the board's Prescribing Management Group. An overall cost increase of 5.8% is projected for 2006/07, comprising a 5.4% cost increase in General Practice prescribing and a 7.3% increase within Acute Care. In the light of current expenditure trends, an overall provision of 6.2% is made for future years. This will be reviewed in the light of expenditure trends as these unfold in 2006/07; also, in the light of the influence which CHCPs and CHPs will bring to the management of prescribing practice within primary care, through the involvement of a wider range of practitioners across the Greater Glasgow area.

A general provision of £2 million is made to cover the forecast impact of fixed asset revaluation on capital charges within 2006/07. The potential impact of ongoing asset revaluation on future years remains to be assessed. This will be done during 2006/07, with the five year plan being updated, if necessary, during the next financial planning cycle to reflect the outcome of this review.

Impairment of buildings will begin to feature as a significant issue during 2006/07, with the commissioning of the ACADs now in sight and the requirement to accelerate the writing down of the values of some of our older buildings, particularly those located on the Stobhill Hospital site. In compiling this financial plan, it is assumed that the costs associated with this impairment will be covered by a specific allocation of funding from SEHD in 2006/07, consistent with the practice of previous years. This remains to be confirmed with SEHD.

– **Local Health Plan**

Provision is made for all current commitments. Expenditure on the Acute Services Review programme has been rescheduled to reflect the current programme for commissioning the ACADs.

Management of the timing of implementation of service commitments will remain key to maintaining NHSGG's overall financial plan in balance over the five year period.

The potential requirement to make provision for further commitments to secure the achievement of waiting times targets, in particularly within areas such as cancer treatment, and diagnostic testing, and to fund new priorities which emerge across all programmes from 2007/08 onwards will present a real challenge to the Board in the light of the forecast of available new resources and will demand continued close scrutiny of how existing resources are deployed to identify further opportunities which might potentially release further resource for reinvestment.

An updated summary of planned investments across all programmes for 2006/07 and 2007/08 is provided at Appendix 1.

– **Cost Savings Plan**

This is covered as a separate item within section 5 below.

## **5 COST SAVINGS PLAN**

During 2005/06 the Board submitted a cost savings plan, covering the three year period to 2007/08, as part of SEHD's response to the "Efficient Government - Efficiency Savings" initiative. The Board's submission was based on its Corporate Recovery Plan (CRP) and included savings generated by the CRP process in 2005/06, with the addition of further savings related to targets set for 2006/07 and 2007/08 which were incorporated within the five year plan submitted to SEHD during 2005/06. The Board's submission reflected the outcome of the mid year review, taking account of changes to the timing of a number of projects getting underway.

A summary of the Board's submission relating to the 2006/07 financial year is provided below. This shows the individual projects which combine to achieve the planned savings target for 2006/07. The savings targets for a number of these projects are already embedded within service budgets or have been taken into account in arriving at proposed funding uplifts for 2006/07, and are highlighted accordingly. Where savings targets have yet to be allocated to Directorates, this has also been highlighted.

PROJECT DESCRIPTION		2006/07	COST SAVINGS EMBEDDED	COST SAVINGS TO BE ALLOCATED	NOTES
		£M	£M	£M	
1	Primary Care – minor service re-engineering	0.1		0.1	1
2	Primary Care Pharmacy – waste elimination	0.23	0.23	-	
3	Shared Laboratory services – re-agents procurement	0.8		0.8	1
4	Shared Catering services	0.1		0.1	1
5	Agency/Bank Nursing	1.0	1.0		
6	Estates – implementation of best practice arrangements	0.1		0.1	1
7	Primary Care prescribing – improved formulary management	0.3	0.3		
8	Acute Prescribing – therapeutic interventions	0.25		0.25	1
9	Primary Care Prescribing – other local initiatives	1.25	1.25		
10	Local Procurement savings – general procurement	1.5		1.5	1
11	Local procurement initiatives – acute prescribing, including homecare	0.83		0.83	1
12	Energy Efficiency	0.7		0.7	1, 3
13	Telecomm services – contract renegotiation	0.2		0.2	1
14	Other minor projects	0.3		0.3	2
15	PACS Implementation	0.7	0.7		3
16	Mental Health In-patient Services – service re-engineering	2.0	2.0	-	3
17	Carried forward savings from 2004/05	2.1	2.1		3
<b>TOTAL COST SAVINGS</b>		<b>12.46</b>	<b>7.58</b>	<b>4.88</b>	

#### Notes:

- 1 Scope for achieving savings target has been assessed and level of achievable savings confirmed. Allocation of savings between service Directorates remains to be agreed.
- 2 Scope for achieving savings target remains to be confirmed.
- 3 Initial submission to SEHD fell short of achieving the “required” savings target for 2006/07. This was attributable to the scale of savings generated by NHSGG in 2004/05 as part of its CRP process, which restricted the scope for generating savings in future years. As a result, NHSGG reviewed its initial submission and added further savings targets, including already planned “savings” which will be generated by service re-engineering and retained for reinvestment in new improved services. In addition, a proportion of the value of “excess” savings achieved in 2004/05 was incorporated within the 2006/07 submission to compensate for the impact which this had on Greater Glasgow’s ability to generate new savings in 2006/07.

#### Key points are:

- The above table identifies £4.9 million of planned cost savings in 2006/07, which remain to be incorporated within service Directorate budgets for 2006/07. This represents the cost savings target which is incorporated within the financial plan for 2006/07 within section 4 above.
- Notwithstanding the achievement of the cost savings identified above in 2006/07, there remains a residual financial challenge of £2.4 million in 2006/07, which will require to be covered by further cost savings or other cost containment initiatives which remain to be identified during the course of 2006/07.



For completeness, a summary of the submission for 2007/08 is provided below. This shows a total savings target of £12 million and gives an indication of the areas where cost savings will be sought in 2007/08.

PROJECT DESCRIPTION	2007/08	STATUS
Agency/bank nursing	0.5	To be confirmed
Shared Laboratory Service re-agents procurement	0.3	To be confirmed
Local general schemes	2.5	To be confirmed
Local procurement savings – general procurement	1.0	To be confirmed
Local prescribing initiatives	1.0	To be confirmed
PACS implementation	0.33	Planned reinvestment of identified savings.
Acute Services	0.8	Planned reinvestment of identified savings – new Beatson implementation
Mental Health In-patient services	0.25	Planned reinvestment of identified savings – reprovided in-patient services.
Document Scanning	0.8	To be confirmed
Local procurement initiatives – acute prescribing, including homecare	0.27	To be confirmed
Other schemes	0.15	
Carried Forward savings from 2004/05	4.1	
	12.0	

## 6 RISK ASSESSMENT

The five year financial plan is based on a number of assumptions which are explained within sections 1-5. Sections 1-5 also identify the many areas of risk which may impact on the Board's ability to achieve financial breakeven on a recurring basis.

The most significant, individual, risk is almost certainly the Board's capacity to fund implementation of its ASR programme at the stage when the new ACADs are commissioned. . . particularly if this coincides with a reduction in the level of annual general funding uplift on the back of a perceived easing of pay pressures.

To assess the potential impact of this risk the following sensitivity testing has been carried out on the draft financial plan.

Scenario 1: Assume general funding uplift reduces to 5% from 2008/09 onwards with pay uplift settling at 2.5% from 2008/09 onwards.

Scenario 2: Assume general funding uplift is reduced to 4% from 2008/09 onwards with pay uplift settling at 2.5% from 2008/09 onwards.

If Scenario 1 unfolded, the impact on the Board's five year financial plan and its ability to achieve financial breakeven across the five year period, would be as follows:

	2006/07 £M	2007/08 £M	2008/09 £M	2009/10 £M	2010/11 £M
Current Surplus/(deficit)	-	-	-	-	-
<u>Adjustments</u>					
Reduce funding uplift to 5%	-	-	(12.9)	(14.3)	(15.8)
Reduce pays uplift to 2.5%	-	-	10.5	11.3	12.1
<b>Revised Surplus/(deficit)</b>	-	-	<b>(2.4)</b>	<b>(3.0)</b>	<b>(3.7)</b>

Scenario 1 would have the effect of restricting the amount of funding available for investment over a three year period, starting in 2008/09, by a total of £9.1 million. To maintain the planned level of investment in the Local Health Plan, the Board would require to implement a further cost savings programme of circa £3 million per annum over a three year period, starting in 2008/09. Viewed in isolation, this does not represent a significant target, however, following hard on the heels of a cost savings programme which has generated over £40 million of savings over a four year period from 2004/05, this apparently small target would prove a real challenge to the Board. In reality, there would be little alternative but to pursue the achievement of the cost savings, as there is very little scope to reduce the planned level of investment in the Local Health Plan, particularly in 2009/10 and 2010/11, when 80% of all new investment is effectively fixed in that it is tied into implementation of the ASR programme.

Were Scenario 2 to unfold, the impact on the Board's five year financial plan and its ability to achieve financial breakeven across the five year period, would be as follows:

	2006/07 £M	2007/08 £M	2008/09 £M	2009/10 £M	2010/11 £M
Current Surplus/(deficit)	-	-	-	-	-
<u>Adjustments</u>					
Reduce funding uplift to 4%	-	-	(25.8)	(28.3)	(31.1)
Reduce pays uplift to 2.5%	-	-	10.5	11.3	12.1
<b>Revised Surplus/(deficit)</b>	-	-	<b>(15.3)</b>	<b>(17.0)</b>	<b>(19.0)</b>

Scenario 2 would have the effect of restricting the amount of funding available for investment over a three year period, starting in 2008/09 by a total of £51.3 million. To maintain the planned level of investment in the Local Health Plan, the Board would require to implement a further cost savings programme of over £17 million per annum over a three year period, starting in 2008/09. This is not regarded as a feasible proposition, meaning that the Board would, of necessity, require to review the sustainability of its planned investments within the Local Health Plan. Over the three year period, total planned investment is currently £58.8 million of which £38.1 million is tied into implementation of the ASR programme. If the Board was simply to "protect" its planned level of investment in the ASR programme and do nothing else, this would require a cost savings programme of circa £4.5 million per annum over a three year period. This could possibly be achieved, however, the absence of any planned investment across all other service areas except acute over a three year period would not be a tenable position.

Accordingly, it appears that were Scenario 2 to unfold, then the Board would inevitably move into a position of financial deficit which would be expected to increase as implementation of the ASR programme progressed.

The main challenges affecting the Board's ability to achieve its financial targets in 2006/07 have been identified within sections 1-5 above. These are: managing the achievement of waiting times targets, containing expenditure on gas and electricity in face of extreme price volatility, managing expenditure on prescribing to maximise cost effectiveness across primary and secondary care, achieving targeted cost savings on each of the identified projects, achieving the disposal of surplus land within the financial year, securing full funding cover from SEHD for accelerated depreciation related to the impairment of buildings at Stobhill Hospital. . . and all within available funding.

The Board's strategy for addressing these risks will be to carefully monitor expenditure trends during the course of 2006/07 and manage the timing of implementing service commitments, together with introducing other appropriate short-term cost containment measures, to support the achievement of a breakeven financial position.

## **7 OTHER KEY POINTS**

At this stage, the five year financial plan does not include the Clyde component of the former Argyll and Clyde NHS Board. In addition, it does not reflect the financial implications associated with implementation the planned transfer of Cardio Thoracic Surgical services to the Golden Jubilee. It is anticipated that the five year plan will be updated during the course of 2006/07 to reflect the financial implications of both these significant changes to NHSGG's management responsibilities and that both changes, which have been initiated by SEHD, will have a cost neutral impact on NHSGG&C's financial position.

	A	B	C	D	E	H
1		2006/07		2007/08		
2						
3	Description	Possible Additional Recurring Investment £'000	Possible Non Recurring Investment £'000	Possible Additional Recurring Investment £'000	Possible Non Recurring Investment £'000	
4						
5						
6	<b>Acute</b>					
7	PET Scanning	150		448		
8	Oncology Drugs	650				
9	Haemodialysis	840				
10	Scottish Bowel Cancer Screening			1,700		
11	Chemotherapy Prescribing IT System	70				
12	Drug Eluting Stents	300				
13	Plastic Plan - WoS					
14	Haemophilia					
15	COPD - Early Supported Discharge	50		5		
16	COPD - Early Supported Discharge (BLF)			225		
17	Diabetes - Insulin Pump Service	126				
18	Interventional Neuroradiology					
19	Blood Safety Directive		143			
20	CEPOD Theatres		326			
21	Medical Assessment Unit	118				
22	Additonal Medical Beds - Victoria		437			
23	Haematology Consultant	145				
24	PACS	200	443			
25						
26	<b>Acute</b>	2,649	1,349	2,378		
27						
28						
29	<b>Acute Strategy</b>					
30	Beatson Phase 2	1,881		900		
31	ACAD					
32	Other Acute Strategy					
33						
34	<b>Acute Strategy</b>	1,881		900		
35						
36						
37	<b>Mental Health</b>					
38	All Planned Investments	5,000				
39						
40	<b>Mental Health</b>	5,000				
41						
42						
43	<b>Children's Services</b>					
44	Starting Well Rollout	1,500				
45	Eating Disorders Service	400				
46	Aberlour Refuge	100				
47	Yorkhill HDU	400				
48	Ventilation	150				
49	Neonatal Nurses	300				
50	Adolescent Inpatients Unit			520		
51						
52	<b>Children's Services</b>	2,850		520		
53						
54						

	A	B	C	D	E	H
1	Description	2006/07		2007/08		
2		Possible Additional Recurring Investment £'000	Possible Non Recurring Investment £'000	Possible Additional Recurring Investment £'000	Possible Non Recurring Investment £'000	
3						
4						
5						
55	<b>Primary Care &amp; Other</b>					
56	<b>Palliative Care</b>					
57	Hospice Provision	1,000				
58	Palliative Care Strategy	250		250		
59	Osteoporosis & Fall Prevention	500		500		
60	<b>Food &amp; Nutrition Policy</b>					
61	Nutrition Assessment - Equipment	12	122			
62	Nutrition Assessment - Staff & Training		153		100	
63	Menu Planning		28			
64	Clinical Nutrition Support	43				
65	Better Nutrition		8			
66	<b>Health Improvement</b>					
67	SIPs	104				
68	Community Involvement	173				
69	Geographical Deprivation	210				
70	Cardiac Intervention - Regional Planning					
71	<b>Cardiology</b>					
72	MPI	75				
73	ETT	50				
74	Echo	50				
75	Heart Failure	60				
76	<b>Pain Management</b>					
77	Spinal Cord Stimulators	150				
78	Psychologist	65				
79	Pain Management	98				
80	<b>Local Enhanced Services</b>					
81	Weight Management	207		100		
82	Rheumatology	400		400		
83	Epilepsy	200				
84	COPD	675				
85	Hypertension			300		
86	Heart Failure			300		
87	Transport		75			
88	<b>Oral Health</b>					
89	GDP Support to CHPs	200				
90	Special Needs Children's Dental Service			405		
91	<b>ABI</b>					
92	Severely Challenging Behaviour Services	300				
93	Headway	50				
94	<b>Physical Disability</b>					
95	Specialist Communication Aids	50				
96	Epilepsy MCN	25				
97	<b>Other</b>					
98	Premises	500				
99						
100	<b>Primary Care &amp; Other</b>	5,447	386	2,255	100	
101						
102						