

## Greater Glasgow and Clyde NHS Board

### Board Meeting

Tuesday 21<sup>st</sup> February 2012

Board Paper No. 2012/06

Chief Executive

### CLINICAL SERVICES FIT FOR THE FUTURE

#### Recommendation:

#### The Board is asked to:

- **endorse the aims, principles and policy direction outlined to deliver the National 2020 vision and plan clinical services fit for the future.**

#### 1. **SETTING THE SCENE: NHS SCOTLAND STRATEGIC NARRATIVE**

1.1 During the first month of the new parliament, the Cabinet Secretary for Health, Wellbeing and Cities set out her strategic narrative and vision for achieving sustainable quality in the delivery of healthcare services across Scotland.

1.2 This vision for NHS Scotland is:

**“By 2020 everyone is able to live longer healthier lives at home or in a homely setting with a healthcare system. There will be integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the patient at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as possible, with minimum risk of re-admission.”**

1.3 This vision provides the context for taking forward the implementation of the Healthcare Quality Strategy for Scotland and the required actions to improve efficiency and achieve financial sustainability and for the development of our approach to planning clinical services fit for the future.

1.4 The actions outlined for NHS Scotland which drive the requirement to reshape our acute services are:

- We need a shared understanding with everyone involved in delivering healthcare services which set out what they should expect in terms of support, involvement and reward alongside their commitment to strong visible and effective engagement and leadership which ensures a real shared ownership of the challenges and solutions.
- We need to develop a shared understanding with the people of Scotland which sets out what they should expect in terms of high quality healthcare services alongside their shared responsibility for prevention, anticipation, self management and

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appropriate use of both planned and unscheduled/ emergency healthcare services, ensuring that they are able to stay healthy, at home, or in a community setting as long as possible and appropriate.

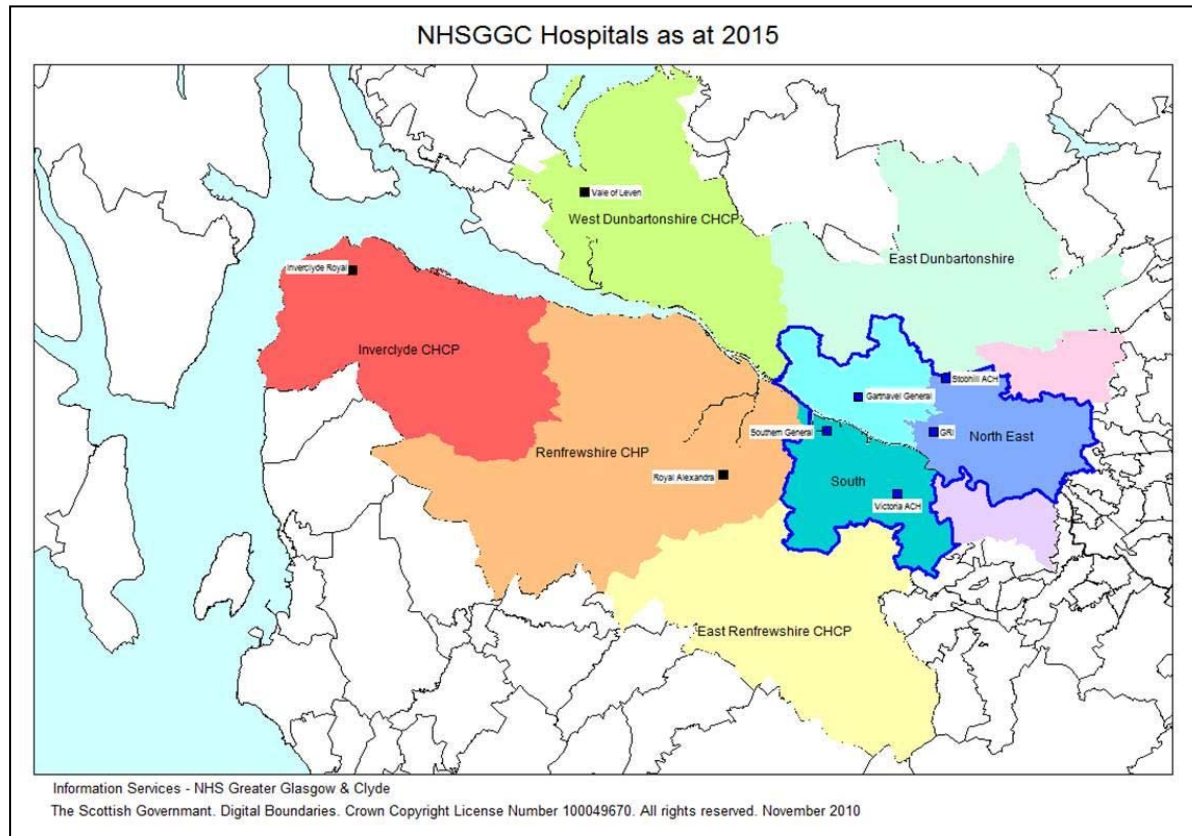
- We need to secure integrated working between health and social care, and more effective working with other agencies and with the Third and Independent Sectors.
- We need to prioritise anticipatory care and preventative spends, eg, support for parenting and early years.
- We need to prioritise support for people to stay at home/in a homely setting as long as this is appropriate, and avoid the need for unplanned or emergency admission to hospital wherever possible.
- We need to make sure people are admitted to hospital only when it is not possible or appropriate to treat them in the community - and where someone does have to go to hospital, it should be as a day case where possible.
- Caring for more people in the community and doing more procedures as day cases where appropriate will result in a shift from acute to community-based care. This shift will be recognised as a positive improvement in the quality of our healthcare services, progress towards our vision and therefore the kind of service change we expect to see.

## **2. WHAT THIS MEANS FOR NHS GREATER GLASGOW AND CLYDE**

- 2.1 NHSGGC needs to undertake a comprehensive review of services to respond to the National 2020 vision and ensure that - in the face of increasing demands and changing circumstances - we can continue to provide high quality sustainable health services to the population we serve.
- 2.2 NHSGGC has two separate approved acute strategies - one for Greater Glasgow and the other for Clyde. The Clyde strategy has already been fully implemented and the Greater Glasgow strategy will be delivered during 2015. This paper sets out the approach to deliver a Board wide services review with the objective of developing an acute strategy that will integrate services across the Board area between 2015 and 2020 and redefine the 2015 pattern of services set out in the rest of this section.
- 2.3 In 2015 Acute Services Hospital provision across NHSGGC will consist of the following.
  - Greater Glasgow:
    - three inpatient acute sites at Glasgow Royal Infirmary (GRI), the Southern General Site (new South Glasgow Hospitals (SGH) and Gartnavel General Hospital (GGH);
    - two A&E and trauma units at GRI and SGH;
    - an acute GP receiving unit at GGH;
    - five minor injuries units at GRI, SGH, the New Stobhill and New Victoria Hospitals and GGH;
    - two new hospitals at Stobhill and the Victoria Infirmary sites providing ambulatory care;
    - two maternity units at the SGH and GRI sites;
    - a new children's hospital co-located with the new adult hospital and maternity unit on the Southern General site.

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- Clyde:
  - two inpatient acute sites with A&E and Trauma Services at the Royal Alexandra Hospital (RAH) and Inverclyde Royal Hospital (IRH);
  - acute receiving at the Vale of Leven Hospital (Vale);
  - minor injuries units at the RAH, IRH and Vale;
  - maternity unit at the RAH with two community midwifery units at IRH and the Vale



### 3. CLINICAL SERVICES FIT FOR THE FUTURE

- 3.1 This paper sets out the key aims and core principles that will underpin the new strategy Clinical Services Fit for the Future. It describes the process to review services and the key areas of work to be progressed to determine the strategy.
- 3.2 The review process will commence in February and run through to late 2012 with patient and public engagement throughout. Formal strategy pre-consultation will commence in late 2012. A draft strategy will be presented to the NHSGGC Board prior to proceeding to full consultation in spring 2013. A final strategy will be submitted to the Board by September 2013.
- 3.3 The key aims of designing a new strategy for Greater Glasgow and Clyde are to ensure:
  - care is patient focused with clinical expertise focused on providing care in the most effective way at the earliest opportunity within the care pathway;
  - services and facilities have the capacity and capability to deliver modern healthcare with the flexibility to adapt to future requirements;
  - sustainable and affordable clinical services can be delivered across NHSGGC.

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- 3.4 In taking forward the strategic review and service design based on the National 2020 Vision and Quality Strategy we aim to ensure best clinical outcomes are achieved for patients and that services are:
- safe and sustainable;
  - patient centred;
  - integrated between primary and secondary care;
  - efficient making best use of resources;
  - affordable and provided within the funding available;
  - accessible and provided as locally as possible;
  - adaptable achieving change over time.
- 3.5 Healthcare is delivered in an ever-evolving landscape. New challenges are presented with Scotland's ageing population and the expected continuing shift in the pattern of disease towards the management of long-term conditions. New opportunities are presented with medical advances, better technology and improved drugs and treatments.
- 3.6 These changes will all affect how services require to be provided within Greater Glasgow and Clyde and need to be considered when setting the strategic direction for Greater Glasgow and Clyde.
- 3.7 The key challenges and opportunities are as follows.
- Changing the way we deliver care to better reflect the "health promoting health service" which seeks to ensure that every healthcare interaction supports patients to identify and address health-related behaviours and underlying social circumstances with the aim to improve the health of the population going forward to 2020.
  - Changing clinical practice, with improved understanding of illness and better diagnostic capability, requires adaptable service models that maximise the clinical expertise to provide the highest quality of care.
  - Establishing best standards of emergency medical and surgical care to optimise patient outcomes and reduce mortality.
  - Improving patient outcomes in complex surgery, especially for trauma and cancer surgery, through the establishment of specialist clinical teams.
  - Increasing efficiency through new service models which separate emergency and elective care and avoid unnecessary hospital stays through better managed patient pathways of care, reducing the reliance on inpatient hospital care.
  - More patients being treated as outpatients through our developing care models with improvements in day case rates and treatments reducing the requirement for inpatient hospital care.
  - Changing services to better support the increasing demands from an ageing population, presenting with a complex mix of chronic diseases.
  - Continuing with the drive to shift the balance of care to the community for chronic disease management.
  - Improving drugs and technology are changing how care is provided.

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- Workforce challenges - specifically with the changes to the medical staffing model from a training model to establishing a trained doctor led model and more generally with a changing workforce with a smaller proportion of the population of working age available to support service provision.
- We also need to make the most effective use of funding and resources available.

### **4. OUR APPROACH TO REVIEWING CLINICAL SERVICES**

- 4.1 This section describes our approach to reviewing the organisation of clinical services to achieve the best health outcomes for patients. To determine the service strategy for 2015-2020 and identify the future clinical service provision a number of work streams have been identified. Underpinning each work stream will be a core set of activities to consider current pathways, delivery models, workforce requirements and the relationship between primary and secondary care to ensure efficient and effective patient pathways. At the core of these work streams, led in a partnership between hospital, primary care and academic clinicians is the engagement of patient and public interests.
- 4.2 In developing the strategic plan for 2015-2020 it is fundamental to consider the health needs of the population and the first key work stream which will underpin the whole programme is assessing and understanding population health. A programme of activity to consider the issues in relation to the population served by NHSGGC will be undertaken, reviewing the expected demographics of the population and the health of that population in determining the strategy and service provision across NHSGGC. A core part of this work will be to identify and consider the equalities issues for the people we serve. This work will commence in February 2012 and will feed into the other streams of work outlined in the rest of this section to help determine the service provision required.
- 4.3 To determine future clinical service models a range of activities will be undertaken including:
- review of national policy and directives in relation to health and social care service delivery and consider their consequences in relation to GGC;
  - consider other healthcare systems approaches and bench mark practice to consider how different approaches could support the development of high quality clinical services going forward to 2020;
  - a focus on patient pathways to ensure that they are streamlined, safe and fit for purpose to deliver efficient and effective patient care beyond 2015.
- 4.4 There will be engagement with patients to obtain their views in relation to the current pathways and to understand what is important to patients in terms of the care we provide. This is important as it often differs from the public presumption and perceived issues. Patients are more likely to focus on quality of care and actual clinical outcome. Work here, recorded and evidenced, provides a powerful basis to design services.
- 4.5 The clinical work streams will be progressed over the period February to October 2012 and will be the key to determine the future service models. They will importantly engage with clinical teams and staff to consider:
- the clinical case for change;
  - the current pathways of care and models of service delivery to consider what works well and to determine the areas of challenge;

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- the clinical service requirements and standards of care to ensure the best health outcomes for patients are achieved including the requirements for specialist tertiary care;
- efficiency and productivity measures are embedded within the service models;
- horizon scanning to understand the implications of future technology and advances in health care;
- viable models of service delivery to create sustainable future care models based on primary/community care provision, outpatient, day case and inpatient service provision;
- engage with staff to consider the workforce model and requirements to support the future service models.

4.6 This work will be split into two stages. The first stage will see early work focused on reviewing policy, seeking benchmarking information and best practice approaches to health provision for each of the pathways identified. Current activity within these streams of work will be mapped to understand what is already underway and will be refocused where required.

4.7 The later stages of the work will focus on how these strands of work are brought together including the population health needs assessments to determine the best care pathways and service models going forward including ensuring equality impact assessments have been undertaken.

4.8 During this stage of the process the groups will come together to share findings and emerging issues, models of care being considered, implications of these models to ascertain any areas of conflict in the emergent thinking.

4.9 The clinical review work outlined above will be organised through the following work streams:

- Child and Maternal Health

This work stream will consider:

- hospital and community maternity service patient pathways and requirements;
- neonatal care;
- hospital and community children's service pathways and requirements.

- Emergency and Trauma Care

This work stream will consider the emergency/unscheduled patient pathways including:

- GP out of hours services, minor injuries and the A&E service;
- emergency medical and surgical pathways including major trauma care pathways.

- Planned Care

This work stream will look at planned pathways of care for secondary care opinion and treatment to consider where there is opportunity for redesign. This work will include outpatients, diagnostic investigations; day surgery and day case treatment, as well as short stay elective surgery.

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- Cancer Services

This work stream will review the current cancer pathways and requirements to achieve the most effective management of patients with the best clinical outcomes and meet the requirement for earlier diagnosis and intervention. The scope for this group will also consider the role of anticipatory care and palliative care requirements in relation to cancer to explore how we best support patients and families at home.

- Chronic Disease Management

This work stream will consider current pathways of care for patients with chronic diseases, including heart disease, diabetes, respiratory disease and rheumatology with a focus on the balance of care between primary and community care and hospital care. As with cancer services this work stream will also consider role of anticipatory care and palliative care requirements in relation to chronic disease management to explore how we best support patients and families at home.

- Older Peoples Services

With an increasing elderly population and the growing demands on the services this work stream will be to review the current pathways of care and service models to consider how fit for purpose they are to meet the future requirements beyond 2015. This scope of this work stream includes acute assessment, rehabilitation, continuing care services and elderly mental illness.

Recognising the common issues in these work streams in relation to understanding the role of anticipatory care and palliative care pathways a piece of enabling work, involving primary and secondary care services, patient, carers and third sector will be undertaken. This will consider the issues, requirements and implications in relation to future service and care delivery and to explore the opportunities to work differently to support patients and families at home.

- Specialist Tertiary Care

This work stream will review specialist tertiary care pathways and best practice guidelines as well determine future demand considering shared care models for local service provision in areas such as Specialist Children's Services, Oncology, Renal and Vascular services.

4.10 In setting out this approach the following assumptions have been made.

- Quality Strategy

Underpinning the development of a new strategy for our acute services will be the requirement to ensure that care is safe and effective, delivering the best health outcomes. It must also have a focus on ensuring the patient is at the centre of the care pathway which is delivered to a high standard, delivering the six dimensions of quality set out in "Healthcare Quality Strategy for Scotland".

- Financial Position

For the foreseeable future the NHS will continue to face significant financial challenges which will require us to make changes to the way we work and deliver services to make best use of our resources, there is a year on year requirement to deliver efficiency savings to meet the challenge of rising inflation resulting from such

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things as energy costs, VAT and wages. There is also the steeper challenge of “health inflation” with the increasing costs and use of drugs and delivering further reductions in waiting times, including the maintaining the 18 week referral to treatment target.

In developing the future strategy the drive has to be to maintain and improve the quality of care within the financial context.

### - Making Best Use of Our Staff

Staff are our most important asset and we will place strong emphasis on the continuous development of local capacity and capability to support future service provision. We will focus on ensuring that staff have the opportunity to be involved developing the future service models and have the appropriate skills, knowledge and experience to support the future service delivery thus creating a flexible and adaptable workforce in which staff can maximise their overall contribution to the effective delivery of service models and high quality patient care as we move forward.

### - Making Best Use of Our Estate

The Scottish Government Health Directorate requires that all NHS Boards have property strategies that reflect the following policy aims:

- to provide and maintain safe, secure and an appropriate quality of affordable health care facilities which complement and support the provision of quality health care;
- to use property efficiently, coherently and strategically to support Scottish Government plans and clinical needs.

A property strategy for NHSGGC for the period 2011 to 2016 has been developed and further work will be undertaken to ensure that the estate strategy is adjusted to meet the requirements of the emergent clinical strategies.

The Property and Asset Management Strategy considers the overall estate condition and performance and sets out the way forward, outlines the current planned estate rationalisation, the capital investment plan and the details of the current NHSGGC estate including the use of other premises. This work has looked at the Boards Estate under six categories - Physical Condition; Statutory Compliance; Functional Suitability; Space Utilisation; Quality; and Environmental Management.

This work will be used to underpin future service planning to understand the condition of the available estate to determine how the estate can best support the delivery of the future strategies, particularly recognising the challenges in the capital funding programme.

### - Laboratory and Support Services

The expectation is that Laboratory Services, as with other support services, will develop future plans that are appropriate to support the requirements of the service models determined within the Strategy for 2015-2020.

The current position in relation to Laboratory services within Glasgow is that there will be two main Laboratories at SGH and GRI, an Essential Services Laboratories at GGH and two Rapid Result Laboratories at the New Stobhill and Victoria



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Hospitals. Work is currently underway to implement the agreed laboratories service models within Clyde.

### **5. ENGAGING WITH PATIENTS AND THE PUBLIC TO ENSURE THE REVIEW IS INFORMED BY THE PATIENTS EXPERIENCE AND PERSPECTIVE**

5.1 This section describes our approach to engaging with patients and the public to ensure the review is informed by patient experiences and perspectives and to ensure our healthcare services best support the maintenance of good health through self management and appropriate use of community and hospital services. Throughout the review process, information will be shared regularly with the public and opportunities provided to secure their input.

5.2 In the first phase, securing involvement and patients in the review of the clinical work streams and related patient pathways is critical to ascertain their views and ensure that they have the ability to contribute to the development of our thinking at the earliest possible stage.

5.3 In the second and third phases, patients, carers and members of the community groups will have the opportunity to consider the issues, help develop proposals and shape how people are to be involved and consulted. Throughout these phases, it is critical that the input of patients, carers and the community group members is communicated back to a wider audience - the general public and interested stakeholders.

5.4 Key features of the informing, engaging and consulting process will include:

- use of PPFs as the core of localised community engagement with an early session for all PPF members to launch the review process and hear their views;
- use of the established engagement structures, community councils, area committees, community reference groups as well as interested community or voluntary groups;
- there will be patient reference groups for each of the clinical work streams and an overall reference group for the review itself.
- regular communications with all councillors and MSPs with briefings given at each stage;
- proactively reaching out to those communities who have historically had less presence in reviewing healthcare - younger people, people of working age, members of minority communities;
- direct patient and public communication throughout engagement and consultation periods via bespoke and easily understood web and print publications such as Health News;
- ensuring that the deliberations of the Clinical Review Groups are accessible on line and in plain English summaries provided to interested individuals and groups.

5.5 The proposed approach to engagement and consultation will be detailed further in a paper on communication, engagement and consultation which will be shaped by early discussion with the Scottish Health Council.

### **6. WORKING WITH PARTNER AGENCIES WITHIN AND OUTSIDE NHS GREATER GLASGOW AND CLYDE**

6.1 To prepare future service plans it is important to understand the interface between services and consider the implications of changing service models in relation to our clinical service

provision. This section describes our approach to working with Partner Organisations within and out with of Greater Glasgow and Clyde.

- 6.2 Within NHS Greater Glasgow and Clyde there will be engagement with local authority partners to determine the interface between services and to ensure effective multi-agency pathways can be delivered.
- 6.3 There are significant patient flows and clear clinical links between services across neighbouring NHS Board areas it will be important to work with other Boards to consider the impact on patient flows and service requirements of any patient pathways and service provision change which may emerge. Similarly it will also be important to consider the service change proposals of other Boards in relation to patient flows and service requirements within Greater Glasgow and Clyde. The approach to this is currently being developed.

## **7. KEY ACTIVITIES AND TIMETABLE**

- 7.1 This section sets out the key activities and a time line for developing the strategy NHSGGC Beyond 2015 - Clinical Services Fit for the Future following agreement by the NHSGGC Board. Four phases are proposed as outlined below:

- Phase 1: Clinical Review Process

This part of the process will look to develop the case for change based on

- health needs assessment for NHSGGC considering population changes, epidemiology and evidence base for health care interventions;
- review of the current patient pathways and models of care;
- review of policy, research and evidence other service models, benchmark services to gather information to inform strategy development;
- horizon-scanning future technology and advances in healthcare that are likely to change the future requirements/provision of health care;
- establishing standards for service delivery / care to maximise patient outcomes;
- developing future models of care and the implications for service delivery.

- Phase 2: Strategy Pre Consultation

Patients and the public will be involved throughout the process as outlined in Section 6. This part of the process will be to fully engage before formal public consultation.

- Phase 3: Strategy Development and Consultation

This part of the process will reshape the review outcomes into final set of proposals and formally consult on the proposed strategy to formulate the recommendations to the Board on the proposed way forward.

- Phase 4: Strategy Final Plan

This phase will conclude the preparation of the final strategy for submission to the Board of NHSGGC for consideration for approval.

Once agreed the strategy will be submitted to the SGHD for consideration for approval.

7.2 The table below sets out the timescales for the Programme.

<b>ACTIVITY</b>	<b>TIMESCALE</b>
<b>Review Process</b>	<b>February 2012-October 2012</b>
- Board Paper detailing review scope and approach presented.	February 2012
- Population Needs Assessment	February 2012-July 2012
- Clinical work streams and patient pathways review.	February 2012-June 2012
- Review of policy, research and evidence other service models, benchmark services to gather information to inform strategy development	February 2012-May 2012
- Early general engagement programme with patients and public and early staff engagement	February 2012-September 2012
- Developing service models and consider implications for service delivery	June 2012-October 2012
<b>Strategy Pre Consultation</b>	<b>November 2012-February 2013</b>
- Considering clinical work stream and patient pathways outputs and shaping proposals for consultation	November 2012-February 2013
<b>Final strategy development and consultation</b>	<b>April 2013-September 2013</b>
- Outcome of pre consultation reflected in final strategy proposals.	April 2013-June 2013
- Patient and public engagement and consultation programme.	June 2013- September 2013
- Staff engagement and consultation programme	
<b>Final Board Paper prepared and submitted</b>	<b>September 2013</b>

## 8. NEXT STEPS

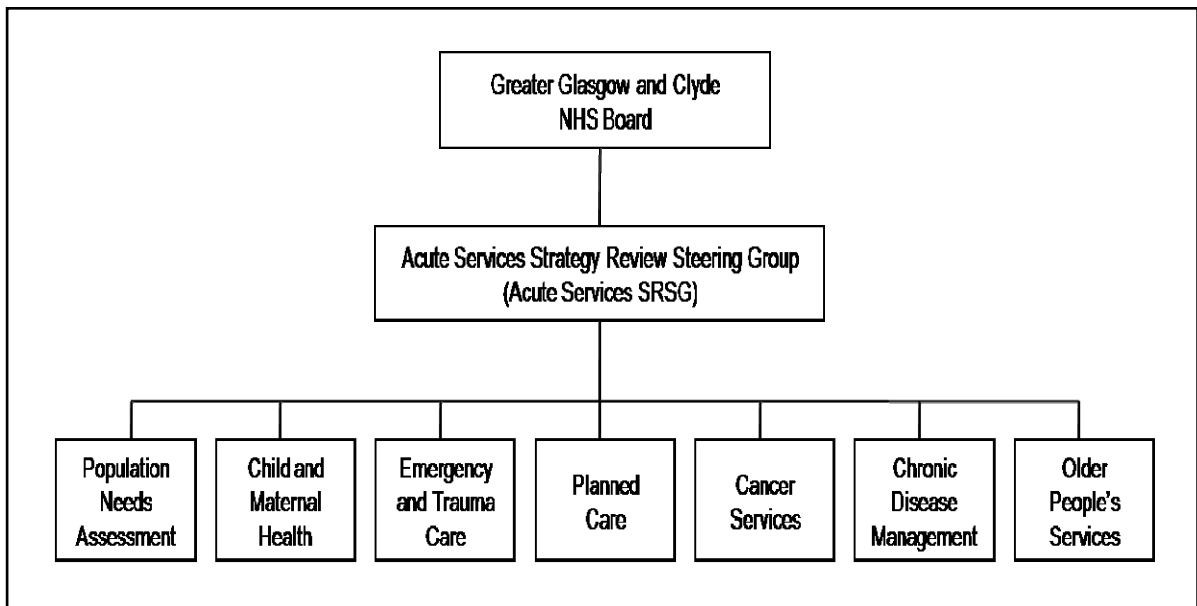
- 8.1 Approval of this paper will lead to establishment of the process outlined. The work programme will be overseen by a clinical Strategy Review Steering Group (CSRSG) leading the development and delivery of the strategic review, including relevant risk analysis and supported by a team drawn from public health, corporate planning and policy and health information and technology led by the current head of Acute Planning seconded in to act as lead for this clinical services review.
- 8.2 The CSRSG will report to the NHSGGC Board, and will be chaired by the NHSGGC Chief Executive and will govern and direct this programme of work to ensure that the key aims are core principles underpinning the strategy are adhered here to, target deadlines are met and that the strategy is within the organisation's financial framework.

8.3 The SRSG will be also be responsible for performance monitoring the programme of work, including reviewing and monitoring risks and will ensure that risk action plans are established in order to manage and mitigate risks. Regular briefings will be submitted to the Scottish Government Health Department.

8.4 The following table outlines the proposed membership of the CSRSG:

Chief Executive	Dean of Medical School
Director of Corporate Planning and Policy	Chief Operating Officer
Director Glasgow City CHP	Medical Director
Nurse Director	Director of Public Health
Chairs clinical review work streams	Director of Communications
Primary Care Clinical Directors	Chair of Area Clinical Forum
Chair of the GP Sub-Committee	Employee Director
Head of Clinical service review	Head of Corporate Planning and Policy

8.5 The table below illustrates the reporting structure established for the review.



Publication The content of this Paper may be published following the meeting

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