ACUTE SERVICES PLANNING FRAMEWORK 2013-16

1. Introduction

The Acute Services Planning Framework describes the outcomes and changes which are required to ensure that Acute Services respond to the five priorities which are set out in NHSGG&C's Corporate Plan for 2013-16.

The key aims for the Acute Services Division are:

- To improve the health of the population of NHSGGC through the provision of timely and equality focused secondary and tertiary care services for adults, children and babies alike

- To deliver modern healthcare services in keeping with the 21st century

The Acute Services Division contributes to NHS Greater Glasgow & Clyde's (NHSGG&C's) overall aim to "deliver effective, high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause inequalities".

In addition, the Framework sets out the changes and developments which need to be achieved to support the delivery of the other planning and policy frameworks e.g. Older People's, Primary Care.

2. National Context

This section identifies changes to policy that have been issued in the last year and reinforces the position of existing policies which require to be considered in planning for Acute Services during 2013-16 and beyond.

- **The Patient Rights (Scotland) Act 2011 –** Sixteen of the Act's Sections came into force on 1st April 2012. There are six main aspects to the Act, Charter of Patient Rights and Responsibilities, Patients' individual needs and circumstances, Right to give feedback/comments, Patient Advice & Support Service (PASS), Contaminated Blood claims and the Treatment Time Guarantee (TTG). The TTG came into force on 1st October 2012 and Health Boards must ensure that patients will not wait longer than 12 weeks fom the date in-patient/day case treatment is agreed, to the start of their treatment.

- **The Healthcare Quality Strategy for NHS Scotland** – this continues to be an important focus of NHS Scotland policy which sets out the six dimensions of quality namely, person centred, safe, effective, efficient, equitable and timely. This strategy ensures that these six dimensions are central to patient care.

- **Detecting Cancer Early (DCE) Initiative** – this was formally launched in the autumn of 2011 and is the Scottish Government Health Department's implementation plan to raise cancer awareness and to increase by 25% the number of Scots diagnosed in the first stage of cancer, starting with the three big cancers - lung, breast and colorectal cancers.

- **Reshaping Care for Older People** - this work emphasises the SGHD focus on Older People's Care with health and local authorities working together to consider future demand and service models which recognise the trend of an increasing proportion of older people within the population. Supporting this agenda is the **Change Fund announced in 2011-12** which enables health and social care partners to work together to make better use of their combined resources for Older Peoples Services.

- The current **Consultation on the Integration of Health and Social Care** which proposes that Health and Social Care Partnerships replace CHPs and CHCPs and that integrated budgets should be in place for some (yet to be defined) acute hospital care, will also support this agenda.

- **New HEAT targets –** there is a changing emphasis on the HEAT targets and an increasing focus on achieving the quality outcomes. There are 12 additional new HEAT targets proposed for 2013-14 which will contribute to the Quality Outcomes.

- **Health Promoting Health Service: Action in Acute Settings CEL 01 (2012)–** Describes the concept that 'every healthcare contact is a health improvement opportunity' and requires Boards to implement the specific health promoting actions outlined in the CEL to support health improvement in all hospital settings.

3. NHSGGC Planning Context

The financial position continues to influence the planning context for Acute Services with the ongoing challenge affecting NHSGG&C and the NHS in general. This has brought increased focus to efficiency and productivity requirements, which will continue to drive much of the agenda in the next few years with shorter lengths of stay, more cases seen as day cases and a drive to reduce emergency admissions.

A key priority for the Acute Services Division continues to be delivering the **Acute Services Review** (ASR) and continuing to deliver the **Vision for the Vale of Leven**. This includes delivering the final stages of the extant Acute Services Strategy for Glasgow which sees the new Southern General Hospital opening in 2015, the closure of the Western Infirmary, the Victoria Infirmary, the Royal Hospital for Sick Children and the Mansionhouse Unit.

The Acute Services Division is currently planning these significant service changes through the **'On the Move' Programme.** This programme has been established to redesign clinical services prior to their transfer to the new Southern General Hospital. In addition, a Clinical Services Review **'Fit for the Future'** has been established to take a fundamental look at service design and provision from 2015 and beyond. In addition, the interface with primary and community and social care services together with opportunities to shift the balance of care, should enable the development of a more integrated strategy for the next 5 -10 years.

Ensuring that quality is at the forefront of care remains a key focus within acute services with the **Better Together – Patient Experience Inpatient programme** alongside the **Healthcare Quality Strategy** for NHS Scotland remaining a core element to consider in delivering and designing patient care.

Maintaining existing performance in relation to **HEAT** targets and standards and delivering on the new **HEAT** targets will continue to be a focus within the Acute Division in 2013-16.

4. Progress to Date

The existing Acute Services Framework has enabled a number of developments and improvements over the last three years. Some key outcomes have been:-

Delivering the Acute Services Review (ASR) and Clyde Strategies

During 2010-13, the ASR and Clyde Strategies were progressed as follows:-

- **ASR progress - New South Glasgow Hospital**

  The new hospital build programme continues to be on schedule at the Southern General campus with building and design work well underway and on target for completion by early 2015. The new Laboratory Services and Facilities building was completed in March 2012 and is now fully operational.

  The '**On the Move** ' Programme has set up six key work streams to redesign services and during 2013-15 this programme will be further progressed to develop the new service models and prepare the detailed operational plans to enable the move to the new hospital. In addition these work streams will support the work in relation to defining the transition plans from existing sites and staffing profiles to support the new service configuration.

  Underpinning the delivery of the ASR is the bed model for acute services across Glasgow and Clyde. Progress has been made towards the delivery of the first part of the bed model with bed reductions implemented across surgical and regional specialties and within care of the elderly services.

- **Vale of Leven Vision**

  The Consultant- led, GP supported model to deliver unscheduled care has been implemented and continues to progress well. Activity within the Minor Injuries Unit and the Medical Assessment Unit remains well within the expected levels. Outpatient and day case activity have both increased over the past 3-4 years with specific development in the local provision for rheumatology and urology services as well as in developing ophthalmology day surgery.

- **Laboratory Strategy** - Glasgow and Clyde position

  During 2011-12 laboratory services have been redesigned and the new South Glasgow Laboratory building has been fully operational from July 2012. Building work commenced at GRI University Tower during 2011-12 and will be completed by the end of July 2013. A Clyde Laboratory Strategy will be implemented during 2012-13.

- **Access**

  Over the past three years the Acute Services Division has continued to demonstrate good progress and strong performance in relation to the access targets, meeting, and for the most part, sustaining the targets.

- **Delivery of the 18 week RTT**

  There has been considerable success in achieving improvements in waiting times as the result of the access targets. In December 2011 the 18 week Referral to Treatment target was achieved which included an extended range of diagnostic tests covered within the waiting time guarantees.

- **98% of A&E patients treated / discharged / transferred within 4 hours**

  This target has continued to prove challenging during 2011-12, particularly over the winter period with a significant increase in demand over late December 2011 and January 2012.

- **Cancer targets**

  - 95% of all urgent referrals of patient suspected of having cancer should achieve a maximum wait of 62 days from urgent referral to first treatment
  - 95% of all patients diagnosed with cancer begin treatment within 31 days of the decision to treat

  NHS GGC has continued to demonstrate consistent achievement against these standards. However during 2012-13 a new cancer target to improve early detection by increasing the number of cancers detected at the first stage of disease by 25% by 2014-15 for breast, colorectal and lung cancer has been introduced. This will require primary care and secondary care to work together to raise awareness and encourage earlier patient presentation to the GP and primary care team.

- **Stroke**

  To improve stroke care, the target is that 80% of all patients admitted with a diagnosis of stroke are admitted to a stroke unit on the day of admission or the day following presentation. This target has been further extended to achieve 90% by March 2013.

- **Health Improvement**

  There has been further consolidation of the health improvement programme with good progress being made in a number of areas:

  '**Safe Talk' Training Programme** (Suicide Prevention

  Ongoing action to improve the health of staff including the achievement of **Healthy Working Lives** and **Healthy Living Awards** with progress started toward achieving Gold status in 2013.

  Significant progress has been made in the **standard of food, fluid and nutritional care** provided to patients with positive feedback from national reviews by Quality Improvement Scotland (QIS) and Health Facilities Scotland benchmarking NHSGGC positively against other Health Boards.

  Acute Services undertook a number of Equality Impact Assessments in frontline services and there is now a substantial evidence base of recurrent themes and issues within service areas and our focus will be to deliver actions consistently across services.

- **Involving Patients**

  The Patient Experience Inpatient survey information alongside the Healthcare Quality Strategy for NHS Scotland reinforces the requirement to consider further the patient experience and the quality of care in relation to the services we provide.

  Over the past few years there has been an increasing focus on patient engagement and patient involvement including:

  - The Community Engagement Team has built strong relationships with Public Partnership Forums (PPFs) across NHSGGC and has encouraged patient and carer involvement in service changes around the Stobhill and GRI, the Vale of Leven Vision and as part of the engagement and consultation exercise for Lightburn Hospital.
  - Better Together, Scotland's Patient Experience Programme has provided valuable information on how patients view our inpatient services and hospitals.

This feedback has informed actions plans to improve the patient's experiences of the NHS.

ACUTE SERVICES PLANNING FRAMEWORK 2013-16		
EARLY INTERVENTION AND PREVENTING ILL HEALTH		
OUTCOMES	**CHANGE/DEVELOPMENT REQUIRED**	**MEASURES**
• Patients are able to access the right care in the right setting in Acute, appropriate to their condition.	• Referral management guidelines are developed for each care pathway, agreed with the local medical committee and publicised to GP's.	• Clear process is in place to develop, update, agree and monitor referral guidelines.
	• Care pathways are developed and implemented within the Acute setting.	• Acute Care Clinicians develop care pathways
• Disadvantaged groups can use services in a way which reflects their needs.	• The national access targets e.g. 18 week Referral to Treatment, Treatment Time Guarantee and access to diagnostic tests are adhered to.	• Access targets are met
• Opportunities for Health Improvement interventions are recognised and acted upon in the Acute setting.	• Implement A&E Inequalities Work and targeted work to reduce DNAs in areas of high deprivation.	• Local target for DNA's for new appointments in SIMD areas to be developed.
• Increase the proportion of key conditions including Cancer detection at an early stage.	• Maximise health improvement opportunities in Acute by using the "teachable moment" to target smoking, obesity, alcohol, exercise and promote access to services which promote health & wellbeing and provide advice on risk factors.	• Rates of referral to smoking cessation services lifestyle advice, number of ABIs.
	• GP's are supported by secondary care to refer their patients appropriately using agreed referral guidelines.	• Referral guidelines available and published.
	• GP's receive constructive and timely feedback on referrals to Acute, electronically.	• Audit of number and content of referrals back to GP's.
	• Acute clinicians refer internally within Acute	• Audit number of internal referrals in Acute.
	• Implement the Detect Cancer Early (DCE) initiative	

	to increase the number of people diagnosed in the first stage of cancer starting with lung, breast and colorectal cancer.	• Increase the proportion of people diagnosed and treated in the first stage of the 3 cancers by 20%, by 2014-15.

SHIFTING THE BALANCE OF CARE		
OUTCOMES	**CHANGE/DEVELOPMENT REQUIRED**	**MEASURES**
• Fewer people are cared for in settings which are inappropriate to their needs and only patients who need Acute care are admitted to hospital.	• Clear care pathways are in place to ensure patients are treated appropriately. • Patients are only admitted to Acute care if it is absolutely necessary. • Boarding of patients in hospital is minimalised as far as possible.	• Number of admissions by CHCP by speciality, age, SIMD area. Number of bed days by CHCP by specialty, by age by SIMD. 18 week RTT 12 week TTG Reduce A&E attendances by 2,888 by March 2014. • Proposed new HEAT target.
• There are agreed patient pathways	• Communicate clearly to the population how to use A&E and Minor Injuries Units appropriately. • Referral pathways with clear criteria are in place for each condition and accessible to Primary Care. • Referrals are received electronically from Primary Care and triaged electronically in Acute Hospitals.	• DVD uptake, community engagement interactions, increases in MIU attendances and corresponding reduction in A&E attendances. • Primary Care utilise referral pathways • Percentage of referrals triaged electronically.
• More carers are supported to continue in their caring role.	• Acute Services are able to identify carers, including young carers. • Carers are provided with advice and information to support them in their role. • Carers are involved in discussing care and treatment where appropriate. • Carer arrangements are considered during Discharge Planning	• Carers Information available, staff identify carers and consider and involve them where appropriate.

• More people are able to die at home or in their preferred place of care.	• Carers are advised of services available within their community to support them. • The Liverpool Care Pathway (LCP) is implemented, as required, across all Acute settings.	• Audit implementation of pathway and measure reduction in number of people on (LCP) dying in hospital.

RESHAPING CARE FOR OLDER PEOPLE		
OUTCOMES	**CHANGE/DEVELOPMENT REQUIRED**	**MEASURES**
• A clear pathway of care is developed and in place for Older People who use Acute Services.	• Work with MCN's to develop appropriate care pathways	• Pathway is developed and implemented
• Older people are only admitted to hospital if they require Acute care.	• Work with CHCP's re Change Fund and alternatives to admission.	• Reduction in bed days utilisation of patients aged over 65.
• Patient pathways anticipate care needs.	• Anticipatory care arrangements in place	
	• Improve access to stroke pathway in Acute.	• 90% of all patients admitted with diagnosis of stroke are admitted to Stoke Unit on day of admission or one day after.
• We strive to improve the experience of care in Acute Hospitals for Older People.	• We consistently implement the findings of the OPEC inspections.	• Action Plans are implemented.
	• We examine the findings from Better Together surveys and implement changes as appropriate to improve the quality of care delivered to older people.	• Changes implemented are evidenced.
	• We improve the care of patients with dementia.	• Dementia Champions trained and in place.

IMPROVING QUALITY, EFFICIENCY AND EFFECTIVENESS		
OUTCOMES	**CHANGE/DEVELOPMENT REQUIRED**	**MEASURES**
• We will reduce the rate of Healthcare Associated Infections (including MRSA/MSSA and C-Difficile).	• We will ensure staff are trained in infection control and adhere to hand washing standards. • We will ensure that staff comply with anti-microbial prescribing guidelines.	• MRSA/MSSA reduce rate by 0.26 cases per 1000 occupied bed days. • C-Difficile rate in patients over 65 is 0.39 cases or less per 1000 occupied bed days.
• We will ensure that patients are treated in the right place by the right person. • We will continue to implement to the Scottish Patient Safety Programme (SPSP) • We will deliver person centred, effective and efficient care.	• Care pathways are adhered to. • We will minimise boarding patients into different wards as far as possible. • Improve medicines reconciliation in discharge documentation • Implement Better Together inpatient programme.	• Proposed new HEAT target. • Audit discharge documentation. • Measured via use of patient questionnaire.
• Our staff are trained and supported to improve the quality of patient care and respond positively to patient feedback. • Patients can access outpatient appointments, tests and treatments within the national waiting times target.	• Implement inspection recommendations. • Access to training. • Apply learning from patients' and relatives' complaints. • Learning from areas of good practice shared across the organisation.	• Audit implementation of Action Plan. • Number of staff attending relevant training • Evidence of learning in place. • Evidence of shared learning
• Our services are responsive to needs and there is appropriate physical access to our services.	• Implement 18 week RTT • Implement 12 week TTG	• Access targets met

	• We will provide information in accessible form at and in a range of languages. • Implement Access Audit Recommendations	• Implementation of Accessible Communications Policy • Appropriate physical access to our facilities is in place.

TACKLING INEQUALITIES		
OUTCOMES	**CHANGE/DEVELOPMENT REQUIRED**	**MEASURES**
TACKLING INEQUALITIES		
• Acute Services are planned and delivered in a way which understands and responds better to individuals' wider social circumstances.	• Action A&E inequalities work. Reduce DNAs from areas of high deprivation. Implement arrangements for Patient Rights Act re access and support for vulnerable people to make hospital appointments	• X% reduction in DNAs (male & female) from areas of high deprivation (target to be developed)
• Information on how different groups access and benefit from our services is more routinely available and informs service planning.	• Better data collection and recording of inequalities information to inform service design, planning & delivery	• Inequalities data is used to routinely influence service planning and redesign.
• We narrow the health gap through clearly defined programmes of action by our services and in conjunction with our partners.	• Working with partners, support the reduction of the health inequalities gap between the deprived and non deprived populations accessing secondary care services	• X% Reduction of DNAs for new appointments. (target to be developed)