

## ACUTE PLANNING FRAMEWORK 2014-15 UPDATE

### Relevant changes to the national and local context

#### - **National Context:**

- this section identifies external policies which shape the agenda to be considered in planning for Acute Services during 2013-16 and beyond.

#### - **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;
- the key strategic priority for the Acute Services Division continues to be delivering the **Acute Services Review** (ASR) in either its original 2002 form or amended to take account of the developing Strategy of the Clinical Services Review and continuing to deliver the **Vision for the Vale of Leven**. This includes reviewing the delivering the final stages of the extant Acute Services Strategy for Glasgow which sees the wide scale reconfiguration of Greater Glasgow Acute Services with the new South Glasgow Hospital and New Children's Hospital opening in 2015 which enables 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 was established in January 2012 and has been driving the redesign and improvement of clinical services prior to their migration into the new South Glasgow Hospital and other reconfigured sites across Greater Glasgow. As a parallel piece of work with a focus beyond the reconfigured end state of 2015, the Clinical Services Review '**Fit for the Future**' is tasked with taking a fundamental look at service design and provision toward 2020 and beyond.
- this is a system wide examination of the patient provision focussing on the interface with primary and community and social care services together with opportunities to shift the balance of care which should enable the development of a more integrated strategy based on treating the patient in the most appropriate setting.
- 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 campus.

#### - **Unscheduled Care:**

- consistent achievement of the unscheduled care targets continue to prove challenging. In April 2013, the Government launched a national Unscheduled Care Programme the key outcome of which is to achieve 95% UCC performance by October 2014 and thereafter moving towards and sustaining 98%. GGC trajectory is to achieve 95% by October 2013. Detailed plans have now been developed which set out principles for redesign/improvement across NHSGGC and also site specific initiatives. A Board wide Action Plan has been developed, and local sector UCC action plans are being developed, which are informed by the LUCAP which has been shared and agreed with the Scottish

Government.

- **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.

- **Long Term Conditions (LTC):**

- the Clinical Services Review has provided an opportunity for a sustained debate amongst clinicians in our various LTC Managed Clinical Networks (MCNs) on the appropriateness of our current clinical pathways in light of the ageing population and chronic disease multiple morbidity demands on the service;
- the need to move to a multiple morbidity as opposed to single disease approach is accepted and work continues with the MCNs on how our clinical models need to adapt to meet this challenge. There is a growing focus on developing integrated programmes and delivering a more sustained shift from reactive to preventative care. This will be developed further over the next CSR phase.