Greater Glasgow and Clyde NHS Board

Board Meeting
Tuesday 28th June 2016 **Paper No: 16/42**

Deputy Medical Director/
Programme Director: Unscheduled Care Review

GGC UNSCHEDULED CARE PROGRAMME

1. BACKGROUND AND INTRODUCTION

1.1 The Board Chair wrote to the Cabinet Secretary on 31st May 2016 outlining arrangements being established to address our continuing performance issues in unscheduled care. The Chair noted that the there was no obvious single solution to the problem; that the managers and staff involved in unscheduled care are committed to improving the service; the guidance offered by Scottish Government officials is being followed, and effective liaison arrangements are in place to reduce the level of delayed discharges.

1.2 This paper provides an overview of the programme arrangements which are now in place:

- a Programme Director has been appointed and the initial programme for the review has been developed, described further in Section 3;
- a Programme Board has been established and will meet for the first time on 28th June 2016;
- resources and expertise to create a review team are being brought together.

2. PROGRAMME BOARD MEMBERSHIP

2.1 The Programme Board will be led by the Board's Chief Executive and bring together Board Directors of Medicine, Planning and Nursing; the Sector Directors who are responsible for the delivery of unscheduled care; the GCC HSCP Chief Officer, representing Chief Officers; the Programme Director; Scottish Government, Director of Performance; Medical Director, SAS.

2.2 The Programme Director is a member of the Board and will manage the attendance of other key leaders of elements of the review programme as required. The review work programme will include an extensive series of workstreams each with appropriate senior leadership.

3. DRAFT PROGRAMME PLAN

3.1 This full review programme is under development and this section sets out the initial shape.

1. Analysis of demand, flows and resources: extend our existing analytical work to deliver comprehensive analysis of the level of unscheduled care demand and the effectives of the response to that demand, the source of referrals, the nature of the presentation and the alternatives that might have been available to patients.	
- Population and utilisation. - Demand versus resources. - Building blocks/flows/system dynamics - Potential use of OR/Queuing/statistical analysis to facilitate operational decision making.	- We have identified additional analytical capacity and public health have begun detailed analysis of wider data.
2. Assessment Facilities: we need to ensure that our assessment facilities are fully effective.	
- Review organisation of assessment facilities and ensure integrated operations with ED.	- Proposals for expansion and reshaping of RAH front door approved and funded. Initial work done on GRI and QE to be completed. - Overall clinical leads for unscheduled care established. - Objective to develop equity of clinical care and access.
3. Inpatient Flow Processes: develop existing programme of improvement work to reduce delays in the system and optimise capacity over the 24 hour period.	
- There is a need to isolate and remove delays within our inpatient and flow management processes to ensure we optimise capacity and reduce pressure on beds.	- Dynamic discharge work underway. - Develop alternatives to admission and spread best practice across Acute sites. - Review clinical support services including imaging, AHP's and pharmacy.
4. Scottish Ambulance Service: develop programme of joint work with SAS.	
- We have identified the need to focus on the way GPs are able to use ambulance services, flexibility of arrangements and the ambulance delays which can lead to the batching of patients.	- First meeting held to consider how these issues can be addressed initial tests of change being developed.
5. Interface with GPs: identify key issues in interface with GPs.	
- Organisation of house calls. - Alternatives to admission. - Access for advice.	- Initial data collection completion as basis fo discussion and change pilots.

6. Work with HSCPs: HSCP service redesign is critical to the delivery of hospital unscheduled care.	
- Improving pre hospital care including support to GPs. - Consistently delivering immediate early discharge when patients are ready to leave hospital. - Improving care in nursing homes. - Extending the range of domiciliary support. - Enabling more patients to die at home. - Developing care pathways which reduce reliance on hospital services.	- This programme of work is already underway and will bring forward proposals for change during the unscheduled care review.
6. Addressing variation: we need to understand and address variation between different sites and specialities.	
- Understand and plan to address significant variation in key areas across different sites including organisation of front doors, admission rates, lengths of stay and the range and consistency of key care pathways.	- Will be informed by the outputs from the analysis of demand, flows and resources.

3.2 There are a number of staff working on unscheduled care improvement who will be brought together to support this work, with additional support commissioned as requirements are identified. The planned mode of operation is to have senior leads for the key strands of work within the programme supported by the appropriate capacity and expertise, with an overall programme manager, project managing and reporting to the Programme Director.

3.3 A detailed communication plan will support the review to enable a wide range of staff to engage in the process and contribute their views and expertise.

4. CONCLUSION

4.1 This paper provides the Board with an overview of the critical programme, the aim is to deliver improvement as the programme gains momentum and complete the work by the Autumn.