

NHS Greater Glasgow & Clyde



NHS BOARD MEETING

Director of Corporate Communications 21 February 2017

Paper No: 17/10

Acute Services Transformation

Recommendation:-

The Board is asked to note the approach being developed to communicate how stakeholder engagement with the planning process for Acute Services Transformation is being taken forward.

1. Purpose

To advise the Board of our approach to informing key stakeholders on their involvement in the work being undertaken to plan for the transformation of Acute Services delivery.

2. Key Issues

2.1 Following the publication of the National Clinical Strategy and the Health & Social Care Delivery Plan, the Acute Services Committee agreed an approach to planning the changes required to transform Acute Services in line with the direction set by these initiatives. The Finance & Planning Committee then discussed how this work should be taken forward in conjunction with the development of a medium term financial plan.

2.2 It was confirmed by both of these committees that any planning should be clinically led and informed by the views of all the stakeholders in NHS GGC, including NHS Scotland, the other West of Scotland NHS Boards, the HSCP's, the Third Sector, the public, our staff and the media.

2.3 Ultimately, the development plans for our individual clinical services will be brought together into a single, detailed, consistent and comprehensive clinical service plan, including plans for each of our sites. The Chief Executive will chair a small Transformation Executive Group to oversee this work which will be managed by a dedicated team of staff from our existing public health, planning, business intelligence, communications, workforce and public engagement teams. At Board level, this will be scrutinised by the Acute Services Committee.

2.4 As a first step in engaging with our stakeholders, a Core Brief to all NHSGGC staff has been issued to advise of this initiative and encourage their participation in reshaping the Acute Services in NHS GGC. The Core Brief is attached as Appendix A.

2.5 A further briefing note to describe the engagement with the wider group of stakeholders was requested by the Finance & Planning Committee. This has been prepared and is attached as Appendix B.

2.6 In addition, a programme of briefings will be delivered to MSPs and MPs and local authority elected members with the close involvement of the HSCPs/IJBs. The local voice and partnership approach is crucial to the success of gaining traction with local communities to the bigger picture gains for all our communities from the proposed changes.

2.7 Briefings will also be arranged with the editors/news editors and health correspondents of our local and regional newspapers and broadcast stations (television and radio) to encourage a wider understanding of the need for a strategic review and transformation of acute hospital services. These early briefings will be followed up with regular proactive media news releases and opportunities for interviews. Progress on transformation plans will be put into the public arena on regular intervals with the agreement of the NHSGGC Transformation Executive Group.

2.8 More direct public communications will be driven forward by our Communications Directorate making full use of social media channels, the NHSGGC Digital Health News which goes directly to more than 9,000 of our Involving People Network members, and full use of our website. On line content will also be developed featuring easy to understand video Q & A sessions on why we need to change and explaining that the change is an ongoing process of developing and transforming models of care. The Communications team are also working on easy to use graphic leaflets and supporting blogs and video support material created for use in community engagement activity including presentations to stakeholder groups such as community councils and other groups such as charity

2.9 Regular updates on the effectiveness of this approach to communications will be brought to the Acute Services Committee and the Finance and Planning Committee.

3. Patient Safety /Patient Experience Issues:-

None

4. Any Financial Implications from this Paper:-

None

5. Any Staffing Implications from this Paper:-

None

6. Any Equality Implications from this Paper:-

None

7. Any Health Inequalities Implications from this Paper:-

None

8. Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-

9. None

10. Highlight the Corporate Plan priorities to which your paper relates:-

Better Health, Better Care, Better Value

Author - Ally McLaws, Director of Corporate Communications
Tel No – 0141 201 4443 Date – 16 February 2017



31 January 2017

Transforming the Delivery of Acute Services

The national clinical strategy for NHS Scotland sets out how health and social care services should be developed over the next 10 to 15 years. That direction has been described in more detail by the December 2016 launch of the National Delivery Plan, which again emphasised that more needs to be done to shift the balance of care from acute hospital services to primary care.



Both documents reinforce that there is a compelling case for the redesign of acute services.

Here in Greater Glasgow and Clyde we have made some progress in developing community health and social care services to reduce demand for hospital care and we want to build on this work as we develop our thinking on the future delivery of acute services.

The purpose of developing detailed plans to transform acute services is to design and deliver the best services, taking into account the resources we expect to have for these services over the next few years. We want to deliver care in different ways and reduce the volume and costs of care delivered in acute hospitals. We want to increase our spending on primary and community care services by reducing waste and improving efficiency in our acute services. This will also help us continue to fund new services and innovations across our services.

The Board's Acute Services Committee has approved an approach to transforming the delivery of acute services and to continue to deliver the highest quality of care to patients over the short, medium and longer term.

To take the transformation of the delivery of acute services forward, the Board will now establish a detailed programme to develop the plans required to reshape the delivery of our acute services to ensure that clinical services continue to deliver the best possible outcomes for patients. That planning will:-

- Ensure that we have high quality, efficient and affordable acute services, and that, across the Board and HSCP responsibilities, there is a financial framework which underpins the whole system of health and social care.
- Enable development of plans for each of our sites and longer term capital investment priorities.

- Enable planning with Health and Social Care Partnerships (HSCPs) for the changes to their primary care, community health and social care services which need to be synchronised with changing acute services.
- Set the service changes which we need to make in the short term in the context of longer term change.

We want to involve you as we plan these changes. A central part of the transforming programme will therefore be communication and engagement with all of our staff. We will use the team brief and Facing the Future Together arrangements and our partnership structures to ensure staff are kept fully informed and can contribute to the development of our plans.

We will also involve the public and patients with a full programme of engagement as our plans take shape over the coming months.

Are your contact details up-to-date? [Click here](#) to check.

Remember, we are giving away a £20 gift voucher every month, courtesy of our friends in Staff Benefits. All **YOU** have to do to be in with a chance to win is simply update your contact details on the Global Address List (GAL).

**It is important to share Core Brief with colleagues who do not have access to a computer.
A full archive of printable PDFs are available on [StaffNet](#)**

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Acute Services Transformation – Appendix B

ACUTE HOSPITAL SERVICES IN GREATER GLASGOW AND CLYDE

NHS Greater Glasgow and Clyde is committed to the triple aims of better health, better care and better value.

This paper describes how we will take forward the re-shaping of our acute services in line with these aims and NHS Scotland's Health and Social Care Delivery Plan which was launched in December and the National Clinical Strategy which was published earlier in 2016.

Both documents reinforce that there is a compelling case for continuing to evolve our health and care services to meet new patterns of care, demand, and opportunities for new treatments and technologies.

To do this, the Board recognises the need to examine every option of service redesign and is taken forward with the full engagement and participation of our staff in conjunction with a proactive and effective engagement strategy for patients, charities, volunteer agencies, politicians and the media.

In line with the Health and Social Care Delivery Plan we will continue to plan and deliver services at a local level where clinically appropriate but also consider evidence of where patient outcomes can be improved by centralising specialist services.

Any redesign of our acute hospital services is likely to impact on all of our acute hospital sites, however the NHSGGC Board remains committed to the delivery of acute services from all our main acute hospitals – Queen Elizabeth University Hospital, Glasgow Royal Infirmary, Gartnavel General, New Victoria Hospital, New Stobhill Hospital, Royal Alexandra Hospital, Inverclyde Royal Hospital and the Vale of Leven Hospital.

While we will continue to spend increased amounts of money on our NHS we recognise that we can only meet the growing demands from patients and the changing health needs of the population by shifting resources from our acute hospitals to the community.

The principle reasons driving the need for change include the need to:

- Improve population health
- Meet the changing health needs of our population
- Integrating services between hospitals and the community

Improving population health

By preventing ill-health through community based interventions.

Tackling lifestyles that increase the chances of diabetes, stroke, cardiac problems, obesity and cancers is a top priority.

Causes are preventable by:

The infographic consists of a light blue background with a central title 'Causes are preventable by:' in bold blue text. Below the title are five dashed-line boxes, each containing an icon and a text label. The boxes are arranged in a grid: one at the top center, two in the middle row, and two in the bottom row. The icons are: a red cigarette with a slash through it (Not smoking), a green stick figure (Being physically active), a blue scale (Being a healthy weight), a blue wine glass (Drinking alcohol within recommended levels), and a red carrot (Maintaining a healthy diet).

Not smoking

Being physically active

Being a healthy weight

Drinking alcohol within recommended levels

Maintaining a healthy diet

Tackling these issues is a major part of our public health challenge

We are already seeing reductions in tobacco smoking and alcohol consumption. We will continue to drive forward these initiatives and re-energise our efforts to tackle obesity and encourage more active and healthier lifestyles to ensure that people live longer – and healthier lives.

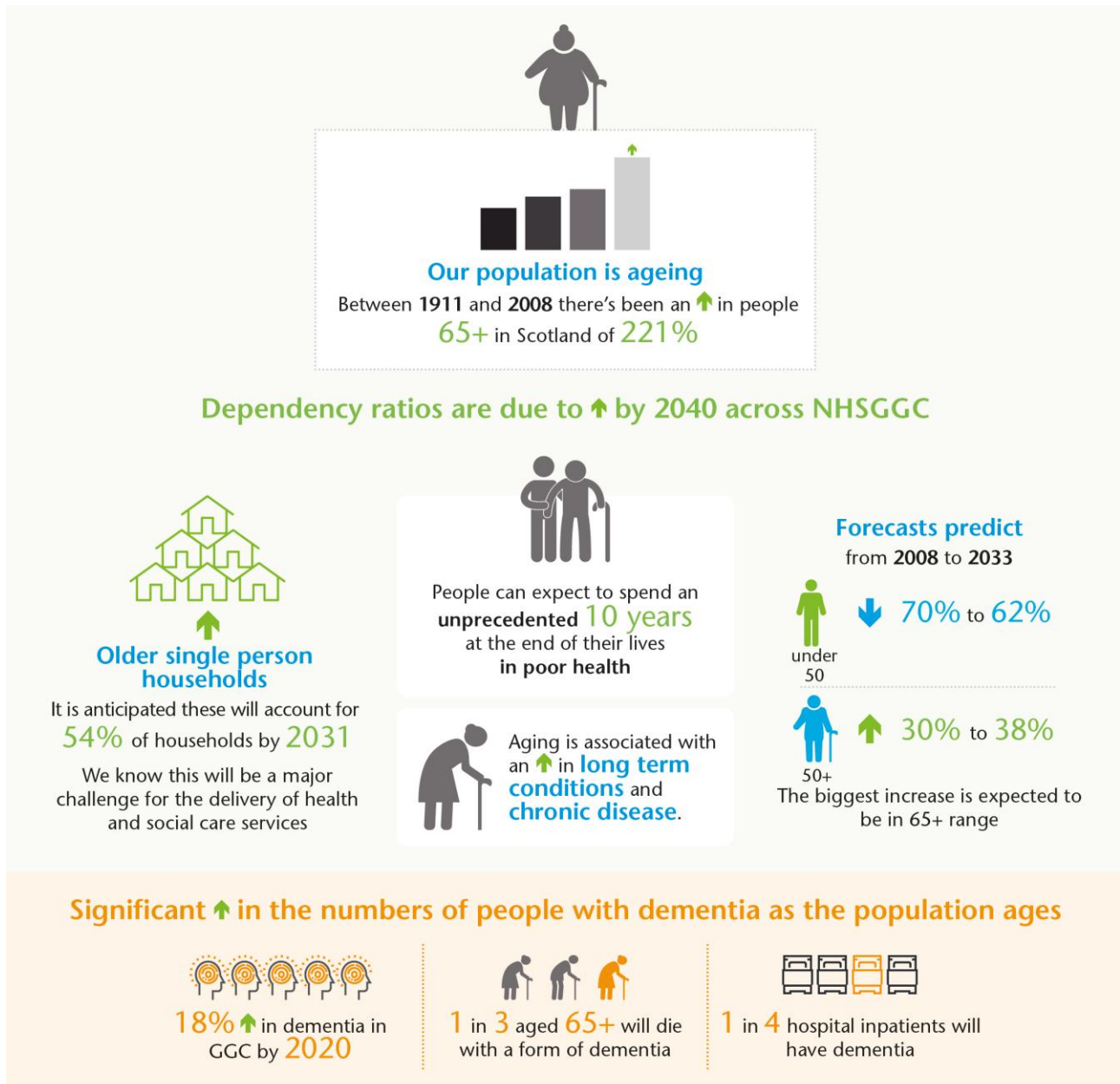
Meeting the changing health needs of our population

Living longer is a real success story. But this success means we have to adapt how we structure our NHS resources to meet the changing demands of a population which has more older people in it.

People are living longer but this also means more people are living longer periods of life with multiple long-term health conditions.

More people are living alone in a flat or house resulting in new challenges for community based services to support frail or ill people to live at home.

The consequence of significantly increased levels of dementia requires a re-alignment of NHS and Social Care resources.

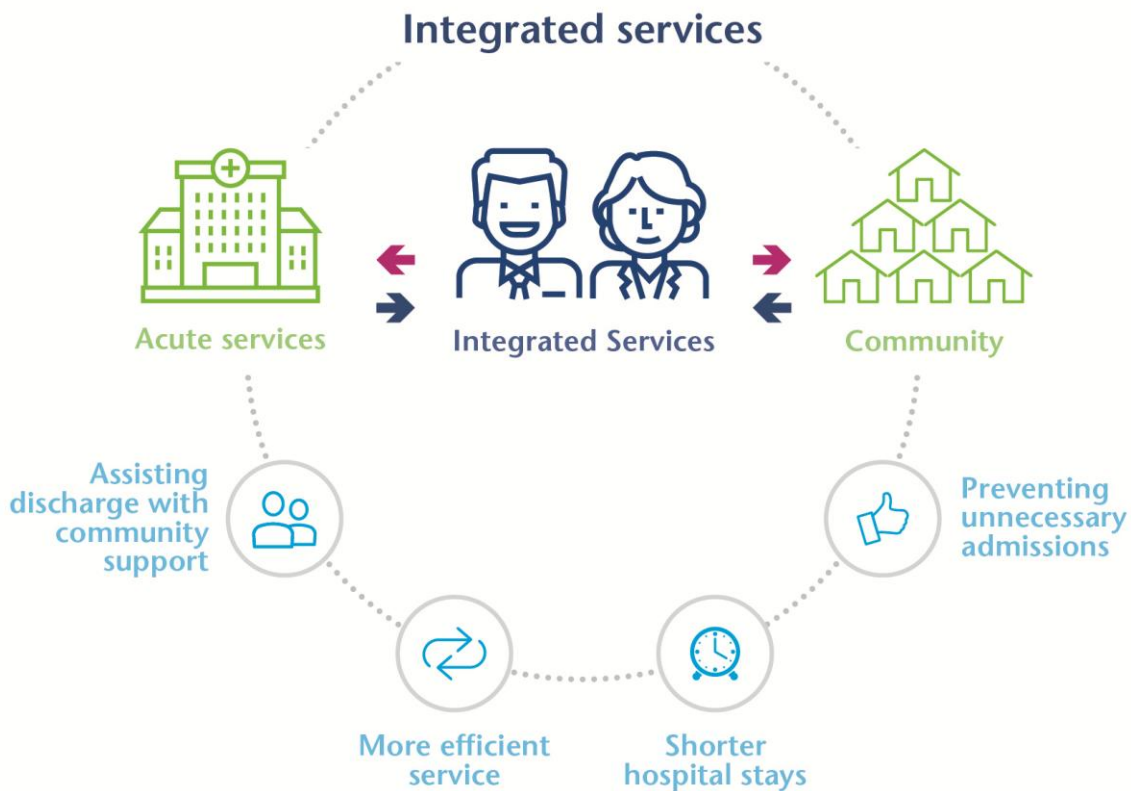


More support will be developed in the community to enable people to stay locally and out of acute hospitals unless necessary. New approaches to the effective delivery of care and support for people with multiple health conditions will result from better integration and investment.

Integrated services between hospitals and the community

The integration of health and social care aims to change the way services are delivered with greater emphasis on supporting people in their own homes and communities and less inappropriate use of acute hospitals and care homes.

For our community health service this will mean everyone being able to see a wider range of professionals more quickly, working in teams.

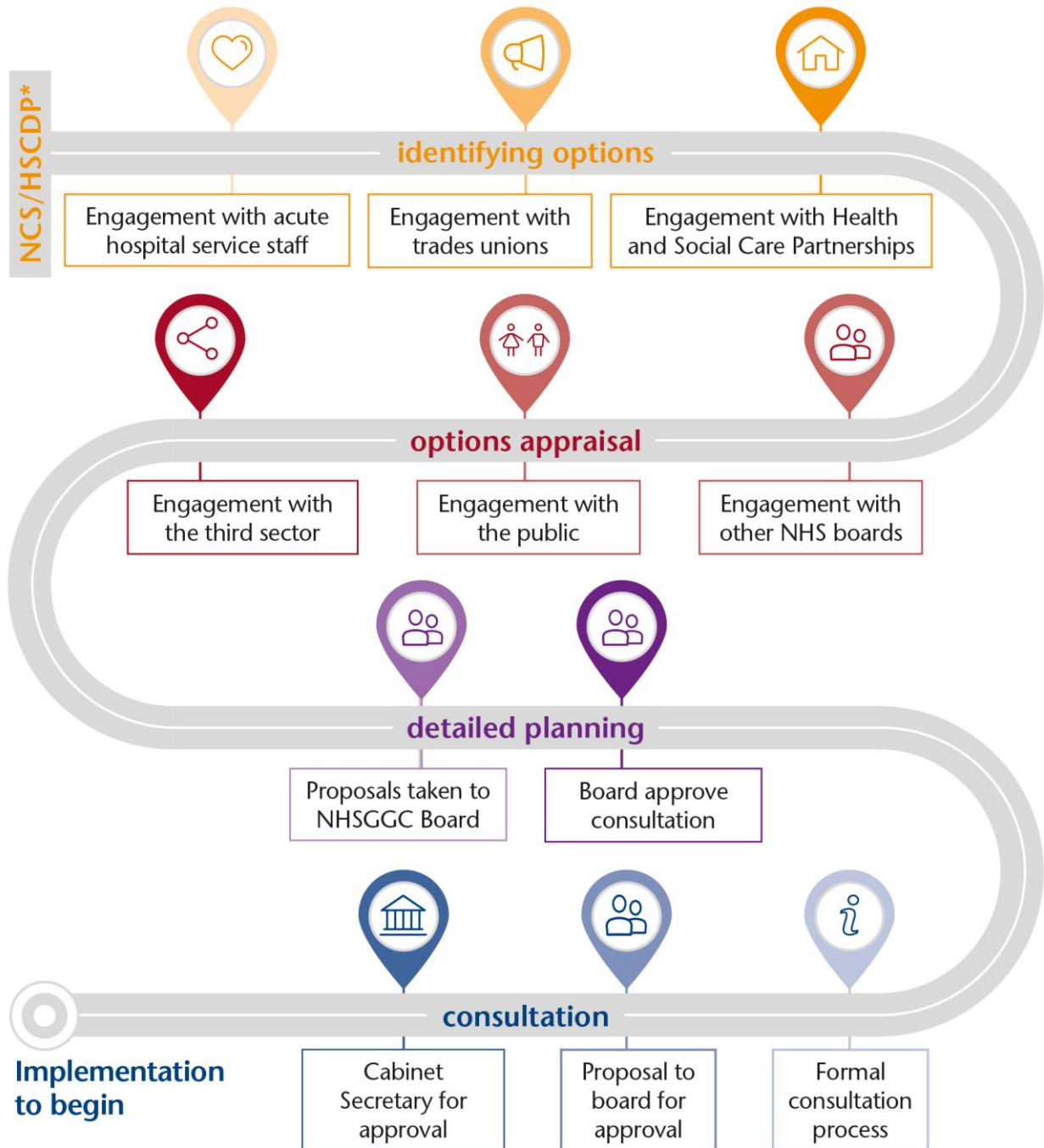


With more integrated health and social care services operating at hospital entry and discharge points we can prevent unnecessary admissions and more effective discharge support for patients.

Using beds only for patients who require acute hospital inpatient care will free up blockages and deliver for more efficient patient flows.

Our approach to engagement on the National Clinical Strategy* and the Health and Social Care Delivery Plan*

Engagement and transparency is crucial to developing a new approach to delivering our services differently and more effectively for patients. Everyone is a stakeholder in the NHS and in the drive for more integration between health and social care.



We have set out programme of engagement that will ensure all voices can be heard and can influence change.

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Date – 16 February 2017