Service development

1. Please give THREE examples of service developments that:

   (a) you have been able to fund in 2013-14 (please list local service developments, rather than national programmes)

   As a national health body we have made a number of commitments to support boards to improve the delivery of local healthcare. In particular, we have made a decision to invest more resources in extra staff for our scrutiny programme. This has been achieved by the reallocation of existing resources within our baseline funding for 2013-14.

   Whilst we understand that this answer does not fully comply with the question asked, we believe it is an important national initiative that supports our overall commitment to improve the quality of health care in NHS Scotland.

   (b) you would like to develop if you had additional funding i.e. what is next on your list of priorities?

   Not applicable to Healthcare Improvement Scotland

   (c) you have withdrawn in 2013-14 (and why?)

   No funding has been withdrawn for 2013-14.

Preventative spending

2. What specific preventative health programmes are included in your budget plans for 2013-14? (please give details of planned expenditure in 2013-14 compared with 2012-13.)

   Much of our work contributes to the prevention of harm and to the prevention of poor care in Scotland eg SIGN guidelines help to define best practice and Standards and Indicators help to identify expectations of services and outcomes. We also invest in improvement programmes eg the Scottish Patient Safety Portfolio (adult acute care, primary care, mental health care and maternal care which includes maternity, paediatric and neo - natal), and Older People in Acute Care (OPAC) to support teams and boards to improve the care that they provide.
<table>
<thead>
<tr>
<th></th>
<th>2012-13</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Safety:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute</td>
<td>401</td>
<td>382</td>
</tr>
<tr>
<td>Paediatric Safety</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>Primary Care</td>
<td>223</td>
<td>255</td>
</tr>
<tr>
<td>Maternity Services</td>
<td>136</td>
<td>382</td>
</tr>
<tr>
<td>Sepsis/VTE</td>
<td>144</td>
<td>123</td>
</tr>
<tr>
<td>Early Years</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td>254</td>
</tr>
<tr>
<td><strong>Patient Safety Total</strong></td>
<td>991</td>
<td>1,396</td>
</tr>
<tr>
<td>SIGN Guidelines</td>
<td>60</td>
<td>83</td>
</tr>
<tr>
<td>Standards &amp; Indicators</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>OPAC (Older people in Acute care)*</td>
<td>94</td>
<td>298</td>
</tr>
<tr>
<td><strong>Preventative Spend Total</strong></td>
<td>1,150</td>
<td>1,784</td>
</tr>
</tbody>
</table>

* includes additional funding from Scottish Government which is agreed on an annual basis.

3. Have you made any assessment of the potential longer term savings from preventative spending? If so, please describe your approach to this modelling.

   *No assessment has been made.*

4. How are the results of any such modelling reflected in your financial planning?

   *No modelling has taken place.*

**Access to new medicines**

5. In relation to spending on newly-licenced medicines (whether or not approved by the SMC), please complete the table below:
6. For each individual patient request agreed in 2012-13 (relating to newly-licenced medicines not recommended by the SMC), please complete the table below (please delete the example provided):

<table>
<thead>
<tr>
<th>Request number</th>
<th>Medicine</th>
<th>Therapy area</th>
<th>Actual cost 2012-13</th>
<th>Planned cost 2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bevacizumab</td>
<td>Cancer</td>
<td>£10,000</td>
<td>£5,000</td>
</tr>
</tbody>
</table>

**Reducing inequalities**

7. (a) What specific services are aimed at reducing inequalities? (please include details of Keep Well.)

*Whilst our organisation does not provide direct patient services, much of our work supports the services provided by territorial health boards. Examples include improvement support work for care of older people and for mental health services. We have identified equality outcomes within these two areas ie in the provision of services to older people with delirium in acute care, and in the use of restraint in mental health service provision. The outcomes aim to support strategies that will address inherent inequalities in these two areas of service that are based on protected characteristics such as age.*

(b) What is the level of spending on these services in 2012-13 and 2013-14?

*Please see the answer to question 2*

(c) What outcome measures have been identified for these services?

- Development and testing of a care bundle, as an improvement tool, to respond to the needs and situation of the older person and their family/carer.
- Reduction of restraint episodes.
Focus group with staff to understand service providers’ experience of delirium and restraint, identify challenges and opportunities for improvement.

Interviews with patients, families and carers to understand their experience of delirium and restraint.

(d) What information is available in relation to these outcomes?

Issues with early identification of delirium, its care co-ordination and care pathway planning have been associated with the assumption that confusion is part of ageing, an assumption which can lead to mismanagement of the disorder. In some cases, it can be mistaken for dementia which may lead to inappropriate medication prolonging hospital stay or lead to death. There is a requirement to improve service provision and management options in order to achieve best possible health outcomes for older people with delirium and those with additional needs such as physical, sensory and/or learning disabilities.

Restraint as a method of restricting movement and behaviour has been associated with high levels of stress and psychological harm among users of mental health services. Evidence shows that the user’s dignity, respect and autonomy which are basic human rights, are not recognised when this procedure is applied.

Resource transfer

8. (a) What level of funding will be transferred from your budget to local authorities in 2013-14 (i.e. resource transfer) and what services will these funds help deliver?

Not applicable to Healthcare Improvement Scotland

(b) What level of funding will be transferred to your budget from local authorities in 2013-14 and what services will these funds help deliver?

Not applicable to Healthcare Improvement Scotland

Equalities

9. Can you provide any specific examples of how consideration of equalities issues has influenced budget decisions?

Once a project has been approved as part of our planning process, a project initiation document (PID) is prepared. This includes budgetary requirement and anticipated phasing of that budget spend. A requirement of the PID is to complete an EQIA checklist following the relevant in-house guidance. The
EQIA checklist will determine whether or not an impact assessment is required and where this is the case an EQIA advisor provides support to the process. In addition, an EQIA report is created at the close of a project detailing the findings of the impact assessment and how any issues were addressed. This project by project process feeds in to the overall budget setting process for the organisation.

Although not centrally set aside, accessibility spending is integrated into project budgets and any equality related spend that is extra or out-with the project budget is met from the Public Involvement Unit budget.

**Sustainable development**

10. Can you provide any specific examples of how the NHSScotland sustainable development strategy has influenced budget decisions?

*We have no specific examples to offer. We share procurement resource with the Scottish Ambulance Service which ensures that we comply with the Sustainable Procurement Action Plan for Scotland.*