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)

NHS National Services Scotland provides services that are national programmes for territorial Boards and others. Examples of service developments are as follows.

1. Information Services Division (ISD) provides health information, statistical services and advice which supports the NHS in establishing improvements in healthcare and facilitating planning and decision-making. ISD has launched a new service called eDRIS (eData, Research and Innovation Service), a one stop shop for health informatics research, which will provide the single point of contact to ensure research studies run smoothly from beginning to end. This service will:
   - Help researchers to finalise their study design by providing expert advice on study feasibility. Using their extensive knowledge of health datasets they assist in defining what data are available coupled with relative strengths and weakness of datasets and their fitness for the proposed study;
   - Liaise with researchers and other involved parties to build relationships, agree deliverables and timelines;
   - Facilitate completion of the permissions (i.e. ethics and Privacy Advisory Committee)
   - Liaise with all parties involved including ISD’s Indexing Service, the ATOS safe haven, and data suppliers (both internal and external) to provision data within the safe haven.
   - Liaise or provide analytical capacity to undertake the analyses on behalf of customers if required.

Our work supports researchers to analyse and interpret complex datasets, answering key questions about our society. This initiative has been key to placing Scotland “as a location of choice for Life Sciences people, businesses, and capital, allowing us to compete in the global economy.” (quote from Life Sciences Strategy 2011). It supports the Scottish Government’s Health and Wealth in Scotland: A Statement of intent for innovation in health, whose vision is that “Scotland is a world leading centre for innovation in health through partnership working between Government, NHSScotland, industry and the research community.”

2. Our Practitioner Services Division (PSD) has been rolling out ePharmacy over the past few years to provide the technology underpinning of three new
Pharmacy services Minor Ailments (MAS), Acute Medication Service (AMS) and Chronic Medication Service (CMS). It incorporates electronic transmission of prescriptions (ETP) which provides greater accuracy, less clinical errors (i.e. safer prescribing as all data travels electronically from GP to Pharmacy and more efficient reimbursement processes at PSD as reimbursement can be calculated from the electronic data. The GP sends electronic prescriptions for the Community Pharmacy and the Pharmacy in turn, sends PSD an electronic claim message for what has been dispensed.

CMS is being rolled out this year to all GPs and Community Pharmacies in Scotland. The Chronic Medication Service (CMS) allows patients with long-term conditions to register with a community pharmacy of their choice for the provision of pharmaceutical care as part of a shared agreement between the patient, community pharmacist and GP. The ePharmacy element means the patient’s registration with CMS is dealt with electronically; an electronic form of the GP prescription is on the system which can be utilised by the pharmacist to dispense and make claims for payment against the prescription and supports the GP and Pharmacy in managing renewals and end of care when the GP decides to end the prescription renewal.

3. Health Protection Scotland (HPS) co-ordinate the Scottish Immunisation Programme. All babies in Scotland born on or after May 1 this year will be offered vaccination against rotavirus.

Rotavirus causes severe diarrhoea and vomiting in babies and young children, and can lead to dehydration that requires hospital treatment. Currently in Scotland, around 1,200 babies have to go to hospital every year due to severe diarrhoea and vomiting caused by rotavirus, and in some of the most serious cases that can result in a hospital stay. The vaccination will be part of the routine child vaccination programme and mainly given in GP surgeries.

The introduction of the rotavirus programme is part of a wider programme of changes to the routine immunisation programme in Scotland. They are:

- From June 2013, changes to the current schedule for administering the Meningitis C vaccine
- From September 2013, the introduction of a shingles vaccine for people aged 70 and 79 years to protect against shingles
- From autumn 2013, a phased rollout of the new childhood flu programme – the extension of the seasonal flu programme to all children aged two to 17 years. The programme will be phased over the next two to three years.

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

We are awaiting finalization of the Public Services Reform (Functions of the Common Services Agency of the Scottish Health Service) Order 2013, which will be laid before parliament to enable, with the approval of Scottish Ministers; NSS to provide services to other public bodies outside of the health service.
We have already been working with a number of Local Authorities and other public bodies to identify areas where NSS could potentially deliver tangible benefits to their services and efficiencies. In our initial engagement in anticipation of the Reform Order, we have made most progress with Legal Services and Information Services, and pilots are planned to assess the potential for these services.

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

NSS has not withdrawn any services in 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.)

Health Protection Scotland (HPS) is part of NHS National Services Scotland. HPS aims to protect the Scottish public from being exposed to infectious and environmental hazards and works with NHS Boards to limit any impact on health where such exposures cannot be avoided. HPS contribute to the delivery of vaccination programmes, through the Scottish Immunisation Programme, such as flu vaccination and HPV cervical cancer vaccine for young women. HPS also provide advice and monitoring on issues such as hand hygiene and healthcare associated infection (HAI). HPS is also involved in research and development into health protection priorities as well as providing expert advice on health protection issues to NHS Scotland and the public.

The planned expenditure for Health Protection Scotland is £7.4m for FY 14 compared to £7.6m for FY 13. Budgets vary depending on the level of any in-year allocations from Scottish Government to support any new initiatives but essentially, the full budget is utilised to support preventative health programmes.

Healthcare Associated Infection - For interest at an all Healthcare Associated Infection level (very crudely), the HPS spend is:

- For 12/13, total investment was £1.124M (£651k from Task Force, £471k from NSS Baseline)
- For 13/14, projected is £1.164M (£611k from Task Force, £533k from NSS Baseline).

(this is our contribution to the SGHSCD HAITF work to prevent HAI)

The 2013-14 preventative HPS spend for the developments in the Scottish Immunisations Programme (DISIP) comprising flu, herpes zoster, Meningococcal C and rotavirus vaccination, is comprised of £605k revenue and £190k non recurring funding, mostly from SG allocation.
National Services Division (NSD) co-ordinate screening programmes for the NHS in Scotland. Screening programmes are designed to detect early signs of disease in the population and then to provide a reliable method of referral for diagnostic testing and further treatment. The total forecast spend on screening for 13/14 is £24.3m.

The national screening programmes are the following;
- Scottish Bowel Screening Programme
- Breast Screening
- Cervical Screening
- Diabetic Retinopathy Screening
- Newborn Blood Spot Screening
- Universal Newborn Hearing Screening
- Pregnancy Screening
- Abdominal aortic aneurysm screening (currently being rolled out).

Information Services Division (ISD) provides statistical information and analysis which helps the NHS in Scotland make the right decisions for patient care. This information can be used by public health professionals, planners and others to support preventative measures. Information is provided on a wide range of topics. The following examples of information provision can support preventative work in the NHS.
- Cancer
- Emergency Care
- Coronary Heart Disease and Stroke
- Hospital Care
- Dental
- Child Health
- Deaths
- Deprivation
- Drugs misuse
- Long term conditions

Further information on the work undertaken by ISD and its publications can be found on the website. [http://www.isdscotland.org/](http://www.isdscotland.org/)

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

There have not been formal assessments and savings will be met throughout the NHS in Scotland, however some examples of potential savings come through the following;
- The Scottish Immunisation Programme aims to reduce the impact of seasonal flu, Meningococcal C, Rotavirus and Herpes Zoster in Scotland by introducing immunisation programmes to achieve a series of long term public health benefits such as a reduced burden of disease and levels of infection risk; improved vaccination effectiveness; a reduction in
healthcare resource utilisation and a reduction in societal burden such as care, sickness absence, economic costs.

- With respect to Keep Well, HPS, together with Health Scotland and Greater Glasgow and Clyde, are exploring the possibility of tagging on to the Initiative an opportunity for disadvantaged individuals to be offered a Hepatitis C test; Hepatitis C case-finding is becoming increasingly important because of the recent advances in antiviral therapy which now lead to cure in the majority of instances, therefore identification could potentially reduce the use of healthcare resources.
- In the period since the last Healthcare Associated Infection (HAI) prevalence survey (2006) we have seen the above HAI funding invested (alongside another £56 million from SGHSCD to various other national organisations and to support NHS Boards) and HAI prevalence lower by a third. Given that HAI costs £183 million a year for acute hospitals alone with the reduction in prevalence, we have supported the NHS to reduce costs in this area.

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

HPS can demonstrate significant longer term savings through, for example, reducing infection and therefore pressure on hospital beds, but such savings will be received by territorial Boards not by HPS directly. Additionally, HPS led initiatives do lead to the focus of its work to be reprioritised and so resources can be diverted to other work that may otherwise have required additional investment from Scottish Government.

With respect to health and social care integration, many of the interventions which have prevented HAI in acute care will work in other healthcare settings so there is an opportunity for this prevention programme to extent further.

For the Scottish Immunisation Programme, HPS will work with others to assess the health economic benefits of each of the programme components;

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:

<table>
<thead>
<tr>
<th></th>
<th>GP prescribing</th>
<th>Hospital prescribing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-13 (planned)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012-13 (actual)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013-14 (planned)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):
Not applicable for NHS National Services Scotland

<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>
</table>

Reducing inequalities

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

Keep Well is not applicable to NHS National Services Scotland although as already stated, HPS work with this initiative. Our Information Services Division (ISD) provides statistical information and analysis which helps the NHS in Scotland make the right decisions for and to help treat patients. While ISD’s information in general all supports reducing health inequalities, for example, by producing analyses by deprivation categories, we currently have the following products which specifically relate to supporting reducing health inequalities:

One example of where ISD collaborate is The Scottish Public Health Observatory (ScotPHO) collaboration which is co-led by ISD and NHS Health Scotland, and includes the Glasgow Centre for Population Health, National Records of Scotland and Health Protection Scotland. The aim of this collaborative is to provide a clear picture of the health of the Scottish population and the factors that affect it. ScotPHO contribute to improved collection and use of routine data on health, risk factors, behaviours and wider health determinants. ScotPHO takes a lead in determining Scotland's future public health information needs, develop innovations in public health information and provide a focus for new routine public health information development where gaps exist.

The ScotPHO website is [http://www.scotpho.org.uk/](http://www.scotpho.org.uk/) and includes:

- Healthy Life Expectancy statistics - Whereas life expectancy (LE) is an estimate of how many years a person might be expected to live, healthy life expectancy (HLE) is an estimate of how many years they might live in a 'healthy' state. HLE is a key summary measure of a population's health.
- Local Health Profiles - These profiles highlight the considerable variation in health between areas and help identify priorities for health improvement. The profiles give a snapshot overview of health for each area using spine charts (which show how the area compares to the Scottish average), and allow further understanding of the results via rank charts and trend charts.
Scottish Neighbourhood Statistics - The SNS website provides annual mid-year population estimates over recent years for all persons, children, working age adults and pensioners by local authority.

Also, ISD Geography Analysis Support team produce reports on deprivation analysis.


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

These services cost around £350k per year.

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

This service should enable the NHS in Scotland and other public bodies others to plan and make decisions on services to support localities in improving health. This should impact across organisational boundaries, however this outcome is difficult to measure.

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

N/A

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 NHS National Services 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 for NHS National Services Scotland.

Equalities

9. Can you provide any specific examples of how consideration of equalities issues has influenced budget decisions?
We cannot provide any specific examples, however, all new initiatives and those up for review are equality impact assessed across NSS Services.

Sustainable development

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

NSS approved its Environmental Strategy in 2010 and has considered efficiency and environmental impact throughout decision making process of, for example, the Property and Asset Management Strategy and Workforce Accommodation Development Programme. The NSS Sustainable Development Action Plan will take the Environmental Strategy forward. The Plan’s objectives will put the systems in place to support a financial link to the sustainability strategy, e.g. Carbon Management Plan and Project Register and a Sustainable Development Impact Assessment for new projects. As part of the Property and Asset Management Strategy we have consolidated our locations and office space we operate from and now share space with other special Health Boards which has significantly reduced cost over the past few years.

Our focus on sustainable procurement has also led us investing in our National Procurement strategic sourcing team to ensure that we are equipped and skilled to address and evaluate sustainability issues as part of our work for the NHS in Scotland.