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)

Answer Question 1

QlikView
NHS Tayside has invested £400,000 in the business intelligence tool QlikView, to improve the availability, accuracy, timeliness and relevance of the information they have access to support their daily decision making to improve quality of patient care, service performance and assurance. The information is being provided through dashboard displays available via a desktop computer or mobile device and as such are helping to support a change in the way NHS Tayside staff use and access information.

Ninewells Acute Medical Unit
The project was an extensive reconfiguration to enhance the care of patients who attend the unit for assessment and possible admission. The additional investment of c£2.2m increased the bed base as well as providing additional consulting rooms and assessment area. The reconfiguration has facilitated early intervention and treatment of acutely unwell patients, providing good quality of care at the right time, in the right place and by the right people. Patients benefit from avoiding unnecessary admission, transfer to the appropriate specialty, improved privacy and dignity and reduced movement of patients out of hours.

Mental Health Investment (NPDO Development)
The new Murray Royal Hospital which was procured through NPDO at a cost of in excess of c£70 million was handed over in June 2012.

The development facilitates the provision of modern health care facilities in single room accommodation with en-suite facilities. Tayside led the project in partnership with the North of Scotland Boards around the Medium Secure Unit (Forensic Services). The entire development at both Stracathro and Murray Royal provides modern healthcare facilities in single room accommodation with en-suite facilities. The additional revenue investment in the Financial Plan in 2012/13 in relation to Mental Health was £2.3m and for low and medium secure services £4.0m.

(b) you would like to develop if you had additional funding i.e. what is next on your list of priorities?
**Electronic Patient Record**
A Business Case is under preparation to consider the roll out of the use of Electronic Whiteboards across hospital wards based on the experience of a test of change undertaken in 2012/13. The purpose of the initiative is to improve patient care and experience by using electronic whiteboards in the wards to display key clinical information and real-time bed availability. The aim is to support getting the patients into the right clinical setting for appropriate care and increase patient facing time. In order to reduce admin duplication and improve real-time electronic bed availability information, the electronic whiteboard will integrate with the patient administration system which in turn feeds the dashboard system to provide an organisation-wide view on the bed position.

**Stracathro Regional Treatment Centre (SRTC)**
The SRTC supports NHS Tayside, NHS Grampian and NHS Fife to promote co-operation across Boards through the use of integrated care pathways to ensure the delivery of consistent, timely and high quality services. Waste, variation and harm has been minimised whilst efforts to maximise the use of resources is providing a service model that delivers a range of improved outcomes.

The SRTC is an excellent example of effective inter-board collaborative working relationships. All disciplines have worked efficiently together and there are numerous occasions when good practice has been shared to the benefit of the patient. All three boards recognise there is still potential to increase productivity to ensure maximum use of capacity but likewise all three are committed to working together to ensure this happens now the medical staffing has reached full establishment.

A business case is currently being prepared to further enhance the capacity at Stracathro and will be submitted to SGHD for consideration in 2013/14.

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

**Dental Services Redesign**
NHS Tayside has invested significant resources in both Perth and Dundee to provide modern community dental services. At the same time the Scottish Government invested in ensuring there was sufficient capacity for NHS patients who wanted treatment from GDP. As a consequence of both initiatives a review was undertaken that identified that a number of NHS Tayside’s dental surgeries which were under utilised , failed to meet decontamination guidelines and provided in accommodation that was no longer fit for purpose.

A process of engaging with all community dental services patients registered at the underutilised surgeries was undertaken. This resulted in agreement to relocate the underutilised dental surgeries at Lochee Health Centre to the purpose built surgeries at Kings Cross Health and Community Care Centre.
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.)

Answer - Question 2

The preventative programmes highlighted in the Strategic Plan are summarised as follows. The Change Fund spend is highlighted in the draft Change Fund programme agreed between the three Local Authority partners and Health.

Change Fund

The figures identified within the three commissioning plans for Community Health Partnerships (CHPs) highlights investment in Preventative and Anticipatory Care pathway of £1.31 million in 2012/13 and £1,904 million in 2013/14.

Examples of the programmes for 2013/14 are:

- Longer Term Care Programme;
- Polypharmacy Reviews;
- Falls Programmes;
- Support for Carers;
- Timebanking.

Extended Immunisation Programme

In response to the Joint Committee on Vaccination and Immunisation (JCVI) advice notified to health Boards in December 2012 NHS Tayside has set aside funding of £400k in 2013/14 to support the delivery of extended seasonal flu, new Rotavirus immunisation and Shingles immunisation. The cost of the vaccine will be met centrally by Scottish Government.

Early Years Change Fund

The establishment of the Early Years Change Fund signifies a shift to preventative spend and is focussed on four key areas:

- implementing healthy weight interventions for children
- improving the oral health of children
- improving all aspects of maternity care, including maternal and infant nutrition
- implementing the Family Nurse Partnership programme

The total resource made available for these initiatives in 2012/13 was £1,904 million, with similar level planned for 2013/14.

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

It is still too early to confidently predict the level of savings arising from the preventative spend programme.

The work being undertaken locally within the Integrated Resource Framework provides a greater understanding of the resource consumption within both Health and Social Care and this should help us achieve the following objectives:-

- The use of IRF as a mechanism to explore and analyse planning and investment for future patterns and profile of care delivery and resource use;
- Examine care pathways, improve equity, improve health and achieve better outcomes at lower cost.

Although no assessment has, as yet, been identified on what this means in financial terms, work is progressing with regards to developing commissioning strategies which, it is hoped, will see the development/enhancement of preventative services which in turn should place less reliance on institutional care (i.e. shift the balance of care). A modelling approach which is soon to be piloted is Programme Budgeting Marginal Analysis and it is hoped that this will enable partners to evaluate current activity against anticipated outcomes, prioritise options and consider areas for investment/disinvestment.

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

Answer Question 4

The modelling to date suggests any savings around Change Fund investment will need to be retained within Acute Services to meet demographic and multiple comorbidity problems. This has resulted in the Board earmarking £4.0 million of further investment in 2015/16 to supplement the share of the recurring £70m National Change Fund investment.

Access to new medicines

5. In relation to spending on newly-licensed medicines (whether or not approved by the SMC), please complete the table below:

Answer to Question 5

There is no accepted definition of a ‘newly licensed medicine’ but in responding to the question we have looked at medicines due to be reviewed by Scottish Medicines Consortium (SMC) in 2012/13 and 2013/14, based on the Forward Look reports published by the SMC.
Most expenditure will occur in secondary care before moving out to primary care in subsequent years.

All of the information was collated and appraised by the Medicines Governance Unit in liaison with Clinical Group/CHP senior pharmacists, accountants and clinicians. Factors such as delays in licensing, negative SMC opinion and restricted SMC acceptance, are recognised within the Financial Planning process each year. It is for this reason that the SMC Horizon Scanning intelligence full potential impact is abated in order to recognise that only a proportion of expenditure is likely to be incurred.

<table>
<thead>
<tr>
<th></th>
<th>GP prescribing</th>
<th>Hospital prescribing</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-13 (planned)</td>
<td>0.8</td>
<td>2.3</td>
</tr>
<tr>
<td>2012-13 (actual)</td>
<td>0.2</td>
<td>1.5</td>
</tr>
<tr>
<td>2013-14 (planned)</td>
<td></td>
<td>0.6</td>
</tr>
</tbody>
</table>

6. For each individual patient request agreed in 2012-13 (relating to newly-licensed medicines not recommended by the SMC). For many IPTRs there are less than 5 patient’s in total who have requested the therapy – this level of detail is not to be released under FOI guidelines, as this could allow identification of individual patients.

Answer Question 6

Information on actual costs versus planned costs is not available and is not required to be recorded as part of the IPTR process. Whilst the IPTR application process requires an estimated cost for the course of therapy being requested any subsequent spend on the medicine can not be tracked to individual patient level or the indication for treatment - i.e. we do not have this information. The only way we could track actual costs of IPTR medicines would be to trawl individual patient case notes to check how much of each IPTR medicine they have actually received.

Within NHS Tayside 35 IPTR cases were heard for 19 different medicines, 27 of these cases were approved. The only area with more than 5 patients in total was for a Medicine Fulitium-D3. The actual cost for 2012/13 per patient was maintenance £3.60 per patient per month and a drug cost of £50 for the twelve week course of treatment.

Reducing inequalities

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

**Keep Well**
Keep Well in Tayside is targeting those aged 40-64 in SIMD Quintile 1 20% (most deprived), as well as the “vulnerable” groups identified as high risk of health inequalities by the Scottish Government; substance misuse (drug and alcohol), gypsy/travellers, prisoners, offenders, homeless, South Asian and Black Afro-Caribbean. Work to support all of these groups has been delivered since April 2012. The service is delivered by 35 general practices and centralised teams based in each of the 3 CHP’s.

In 2012/13 c2600 health checks have been delivered against the initial target of 2000.

**Cash for Communities**
The NHS Tayside Board of Trustees approved a £2.0 million Innovation Fund from Endowment Funds to support health equity.

The Innovation Fund is available to support local communities with their local improvement activities. The Fund will support local communities and staff on a multi agency basis, to work collaboratively to contribute to measurable improvements in health and wellbeing.

**Early Years Change Fund Initiatives**
All of the areas identified in the answer to question 2 contribute to reducing inequalities. Some of the work is universal, such as the maternity care and maternal and infant nutrition, however the performance monitoring of the initiatives ensures that improvements are being made across all the quintiles. The Family Nurse Partnership is a targeted preventative programme for young first time mothers. The programme offers intensive and structured home visiting delivered by specially trained nurses from early pregnancy until the child is two years old. The aims of the programme are to improve pregnancy outcomes, to improve child health and development and to improve parents’ economic self-sufficiency.

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

<table>
<thead>
<tr>
<th>Service</th>
<th>2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep Well</td>
<td>£595k</td>
<td>Planned Budget £748k</td>
</tr>
<tr>
<td>Hearty Lives Dundee</td>
<td>Funded from resources received from British Heart Foundation</td>
<td></td>
</tr>
<tr>
<td>Cash 4 Communities</td>
<td>Endowment Funding £2.0m</td>
<td></td>
</tr>
</tbody>
</table>

**(c) What outcome measures have been identified for these services?**
The indicators are reported quarterly to the Scottish Government focussing on process measures. A range of complimentary evaluation is being progressed.
The five high level key indicators within Keep Well are:-

Indicator 1 – Number of people who attend appointments expressed as a percentage of the local target;
Indicator 2 – Number of first health checks undertaken for carers, expressed as a percentage of the local target;
Indicator 3 – Number of those attending for a health check with an ASSIGN risk score >=20%, expressed as a percentage of the first health checks;
Indicator 4 – Number who have had at least one new chronic disease problem identified with 3 months of their most recent health check, expressed as a percentage of the total health checks;
Indicator 5 – Number of patients referred at, or within 3 months, of attending their latest health check;

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

The number of health checks undertaken in 2012/13 across the five quintiles are summarised in the following table:-

<table>
<thead>
<tr>
<th>CHP</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
<th>Sub Total</th>
<th>Unknown</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angus</td>
<td>227</td>
<td>34</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>270</td>
<td>4</td>
<td>274</td>
</tr>
<tr>
<td>Dundee</td>
<td>1429</td>
<td>129</td>
<td>80</td>
<td>83</td>
<td>58</td>
<td>1779</td>
<td>72</td>
<td>1851</td>
</tr>
<tr>
<td>Perth &amp; Kinross</td>
<td>118</td>
<td>14</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>141</td>
<td>30</td>
<td>171</td>
</tr>
<tr>
<td>&quot;Unassigned&quot;</td>
<td>175</td>
<td>50</td>
<td>23</td>
<td>21</td>
<td>12</td>
<td>281</td>
<td>19</td>
<td>300</td>
</tr>
<tr>
<td><strong>NHS Tayside</strong></td>
<td>1949</td>
<td>227</td>
<td>109</td>
<td>113</td>
<td>73</td>
<td>2471</td>
<td>125</td>
<td>2596</td>
</tr>
<tr>
<td>% of known postcodes</td>
<td>79</td>
<td>9</td>
<td>4</td>
<td>5</td>
<td>100</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

Q1 - Most deprived  Q5 - Least deprived

- Keep Well – National Reporting Indicators
- Number of health checks undertaken – 2600 (Target 2000).
- Percentage of those attended from SIMD quintile one (20% most deprived) – 79%.
- Number of health checks for carers – 140 (90 of whom identified as carers for the first time).

Hearty Lives
Still in project phase, so a number of external evaluations have been produced or are planned. Seven reports are already in place and a further two reports are due in the final year of the programme.

**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?

**Answer to Question 8**

<table>
<thead>
<tr>
<th>Resource Transfer</th>
<th>£19,357,000</th>
<th>This funds historic obligations regarding Mental Health, Learning Disability and Older Peoples Services resettlements and Prevention of Admissions Schemes, more recent resettlement work including some new resettlement commitments in 2013/14 and funding to support Partnership commitments to the Voluntary Sector.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change Fund</td>
<td>£5,194,000</td>
<td>Planned Change Fund spend via Local Authorities.</td>
</tr>
<tr>
<td>Joint Equipment</td>
<td>£589,000</td>
<td>To support costs of Joint Equipment Loan Stores in Tayside.</td>
</tr>
<tr>
<td>Store</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complex Needs</td>
<td>£1,500,000</td>
<td>To fund healthcare element of care packages for people with complex needs.</td>
</tr>
<tr>
<td>Joint Service</td>
<td>£30,000</td>
<td>Supports NHS share of Joint Management post.</td>
</tr>
<tr>
<td>Managers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**(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?

<table>
<thead>
<tr>
<th>Delayed Discharge</th>
<th>£222,000</th>
<th>Supports NHS posts aligned to Delayed Discharge issues.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs Treatment</td>
<td>£230,000</td>
<td>Councils purchase of health input to DTTO/CPO (Community Payback orders) programmes</td>
</tr>
<tr>
<td>and Testing Order</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>£905,000</td>
<td>To support provision of Children’s Speech and Language Therapy Services in Tayside</td>
</tr>
<tr>
<td>Service Type</td>
<td>Amount</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>---------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Homeless Services</td>
<td>£30,000</td>
<td>Support Perth City project for Vulnerable City Centre residents</td>
</tr>
<tr>
<td>Child &amp; Adolescent Mental Health Services</td>
<td>£323,000</td>
<td>Supports Day Service and Primary Mental health Workers across Tayside</td>
</tr>
<tr>
<td>Children’s AHP Services</td>
<td>£59,000</td>
<td>Supports provision of Children OT Services</td>
</tr>
</tbody>
</table>

9. **Equalities**

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

**Answer Question 9**

**Smoking Cessation**

The recent updated NHS Tayside Smoking Policy included an EQIA which has been through the Workforce and Governance Committee.

**Sexual Health/BBV**

The needs of specific at risk populations, has been the driving determinant in the way in which investment in sexual health and Blood Borne Virus (BBV) has been progressively realigned in recent years. Poor sexual health and BBV is strongly associated with deprivation and also disproportionately affects specific groups within the population, most notably Men who have Sex with Men (MSM), vulnerable young people, people who inject drugs, and certain minority ethnic groups. Needs assessment was undertaken, which included a review of the evidence base and, where available health economic data, as well as engagement with the respective populations, to provide a sound basis on which to inform local service planning and investment decisions. This resulted in a shift in investment not only towards early intervention and asset-based approaches but to greater targeting and investment for those populations in greatest need. Examples of this include:

- social marketing campaign to encourage uptake of testing, vaccination and reduce stigma; commissioning outreach health promotion/behaviour change and peer-led educational interventions for MSM and the creation of dedicated community and specialist sexual health and HIV clinical service for MSM;
- extensive outreach BBV testing in at risk populations, including Hepatitis C testing in mosques to reach people of Pakistani origin;
- investment in a catch up campaign and a programme to increase uptake Hepatitis B vaccination;
- creation of dedicated sexual health clinics for young people and people with learning disabilities and a sexual health screening and contraception clinic in drug treatment services;
• creation of dedicated online resources for MSM and the development of an app for young people;
• the Healthy Community Collaborative working with communities where teenage pregnancy is highest to develop shared solutions has led to small scale investment support for community-led interventions and in social enterprises;
• investment in evidence based parenting programmes, with a focus on working with kinship carers and parents of children with learning disabilities; and
• investment support for the Family Nurse Partnership.

10. **Sustainable development**

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

**Answer Question 10**

**Energy Efficiency/Carbon Reduction**

• Scottish Government Grants of £1.0m to install Plate Heat exchangers at Ninewells and PRI which will replace inefficient calorifiers, reducing legionella risk as well as saving in 13/14 of £200k in energy costs and 1800 tonnes of CO₂.

• Scottish Government Grant of £300k to pilot Voltage Optimisation is taking place at Ninewells. This will reduce the voltage to approximately 220V, still well within EU standards, and reduce energy consumption and CO₂. Estimated savings £70k and further reduction in CO₂.

• A Scottish Government grant of £800,000 is being used to install a Biomass boiler, changing fuel from Gas to Wood Pellets at Stracathro Hospital. The overall financial saving is estimated at £100k per annum and a significant saving around CO₂.

**Property**

The delivery of the Kingsway Project (Dundee) has resulted in the ability to take action by moving patients and patient services out of non-compliant, functionally ineffective properties into modern facilities that not only enhance patient experience but allow NHST to utilise available Capital and Revenue resources more effectively across a smaller property footprint. The move provides multiple benefits through the enhanced utilisation of property floor space and allows a rationalisation of the vacated properties to be considered.

**BREEAM**

All recent and future developments follow the BREEAM process to ensure they achieve the recommended sustainability performance criteria i.e. very good or excellent.
Recent projects delivered include Nuclear Medicine, Assisted Conception, CAMHS (design stage) and Mental Health NPDO have all achieved a very good status.

**Modern Apprentices**

In conjunction with the Healthcare Academy NHS Tayside is fully committed to supporting a programme of Modern Apprentices as part of the youth agenda. Workforce planning activities linked to succession planning and skill acquisition is a key annual activity to determine the profile of apprentices for each recruitment year. Apprentice opportunities are offered across a range of programmes including Healthcare Scientists, Care, Business Administration as well as the traditional estates roles and cover all areas across NHS Tayside. At present work is ongoing to finalise the Apprentice numbers for recruitment in 2013.