NHS Borders

Chair & Chief Executive's Office

Chair & Chief Executive's Office
NHS Borders
Headquarters
Borders General Hospital
Melrose
Roxburghshire TD6 9BD

Tel : 01896 826000
www.nhsborders.scot.nhs.uk

Lewis Macdonald
Convener
Health & Sport Committee
T3.60
The Scottish Parliament
Edinburgh
EH99 1SP

Date 31st May 2019
Your Ref
Our Ref KH/IB/

Enquiries to Iris Bishop, Board Secretary
Extension 5525
Direct Line 01896 825525
Email iris.bishop@borders.scot.nhs.uk

Dear Lewis

Thank you for your letter dated 15th May 2019, again we welcome this opportunity to provide you with information in regards to the areas you have highlighted, and we have answered each question in turn below.

IJB overspend

In line with the terms set out within the Scottish Borders Partnership Scheme of Integration NHS Borders provided an additional resource of £5,240,914 for delegated functions and £1,383,629 for set aside budgets in order that the IJB broke even across Health delegated and set aside operational budgets.

Plans are currently being developed between Scottish Borders Council and NHS Borders to reduce the hospital bed base across Mental Health, Acute and Community Hospitals. This work is led by the IJB in their commissioning role and it is anticipated these plans will require the transfer of some funds currently invested in Inpatient care into community based services; the exact amount has yet to be determined.

The IJB in partnership with the strategy teams of NHS Borders and Scottish Borders Council have undertaken an extensive comparison of services with statistical neighbours in relation to cost and performance. Monitoring and evaluative work is ongoing across the partnership, supported by National Services Scotland colleagues.

Set aside funds

The performance framework we mentioned is related to acute bed and care provision for transformational projects based on service provision changes, as part of shifting the balance of care. This framework is informed by regular snapshot data reports through the methodology of Day of Care Audits to provide an objective criterion-based assessment of the medical appropriateness both of each individual patient's admission and of subsequent days spent in hospital care.

Delayed discharges – Additional cost in rural settings

The view expressed at the Committee is a long held view, although we would accept there is little quantitative evidence to suggest that the provision of home care and community care in Borders costs more per patient in comparison to Edinburgh. However this premise is based on the recognition that providing services in the community in a rural area, may require additional travel time between visits and the assumption that this therefore increases both the time and cost associated with each visit.

Monitoring primary care

You have asked about the changes in GP contract freeing up time for GPs to "do real preventative health". As a result of the new GP contract there will be a shift over time of GP workload and responsibilities - this will require a wide range of tasks currently undertaken by GPs to be completed by members of a wider primary care multi-disciplinary team where it is safe and appropriate to do so, while also demonstrating an improvement for patient care. For example, GP Cluster Leads are involved in the discussions regarding an improved Older People's Pathway within the Borders Health & Social Care Partnership. We expect the conclusion of this work to lead to the issuing of a further direction from the IJB in 2020 in regards to the recommissioning of home care and community care services.

The local directions for transformative service redesign in Primary Care within Borders align back to the six nationally agreed workstream priorities. The monitoring of the workstreams is provided through regular highlight reports against their individual work-plan, reporting on key outcomes and targets with timescales, which feed into the overall objectives and agreed outcomes of the Borders Primary Care Improvement Plan.

Prescribing activities are monitored monthly by the Medicines Resource Committee and at the Primary Care Prescribing Group e.g. through monitoring of formulary compliance at a Board and individual GTP practice level. Both groups also review savings plans and will look at opportunities to take action if necessary. Prescribing budgets and GP prescribing rates are discussed at annual practice visits led by our Medical Prescribing Advisers. In addition, GPs receive feedback on prescribing from their practice-based pharmacy team on a regular basis as well as through the Prescribing Bulletin and weekly updates from the Primary Care Team.

In conclusion

I trust this information is helpful to you and your colleagues and meets your request for further information. Please do not hesitate to contact me if you require anything further.

Yours sincerely

Karen Hamilton
Chair