

Lewis Macdonald  
Convener  
Health and Sport Committee  
T3.60  
The Scottish Parliament  
Edinburgh  
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Dear Convener

### **Health and Sport Committee Evidence 15 May 2018 – Further Information**

Thank you for your letter dated 4 July 2018 to follow up the evidence which we presented to your Committee on 15 May 2018. NHS Shetland is happy to provide the clarification and further evidence which your Committee has requested and I have addressed each of your points below.

#### **Recruitment and retention**

Simon Bokor-Ingram noted NHS Shetland has been looking at what can be put in place to meet the need for recruitment of GPs (COL 11). Are you able to provide further information on how this is being taken forward? Do you believe the new GMS contract can assist in providing appointments with a range of health professionals in primary care and if so what specific ways do you envisage this assistance?

#### **Response**

*Recruitment to GP posts in Shetland has been challenging for several years and our largest practice (9,000 patients) took the decision in 2016 (?) to employ 5 Advanced Nurse Practitioners (ANPs) to augment the existing clinical team. This decision was taken after engagement with our local Patient Partnership forum who were very supportive of this approach. This has proven successful and has provided additional on the day access for patients. We are currently looking at how best to grow the local ANP team, in order to support the multi disciplinary team across Shetland.*

*Our largest practice is also a training practice and over the last two years, the trainees who are qualifying have chosen to take up posts in Shetland, which is welcome; in addition, we attracted a GP Fellow last year and that individual is also taking a substantive post in Shetland at the end of her GP Fellowship. This will mean that from the end of August, our largest practice is fully staffed with GPs for the first time in eight years.*

*We have been successful in recruiting new GPs to two practices, through attendance at the RCGP conference in 2017 and ongoing dialogue with an*

*individual returning to practice through the GP returner scheme. We recognise that such initiatives take time in order to facilitate discussions but this has proven to be useful in building relationships and has led to interest in posts in Shetland.*

*We have further work ongoing looking at how best to configure services across Shetland; at present we have 8 practices which are salaried (out of a total of 10 practices) and as a number of these practices are single handed, we are having discussions on how best to position staff and reduce professional isolation, which we know can impact recruitment.*

*In relation to the new GP contract, we would suggest that it is as yet too early to draw any conclusions on how this may impact on recruitment overall, particularly because of the Salaried nature of most of our local practices.*

## **Waiting times**

The maintenance of elective waiting times was one of the action points in a letter from the Cabinet Secretary to the Chair of the Board after your 2016/17 accountability review. Can you advise whether work undertaken following this letter, including the recruitment of a consultant clinical psychologist, has improved access and treatment for patients in adult psychological services?

## **Response**

*The performance against the HEAT target for Psychological Therapies has dipped during the period of 17/18 for a number of reasons: -*

- Increase in referrals; this is due to ongoing work within the community to reduce the stigma of 'asking for help'; a higher number of locum GPs/Primary Care staff who are often unaware of other services available for mild to moderate conditions i.e. within the 3<sup>rd</sup> sector and/or Health Improvement.*
- A gap in provision for individuals with moderate to severe conditions; our current service model works with mild to moderate and severe to extreme – leaving a high volume of people with moderate to severe conditions who are waiting for the Consultant Psychologist who works primarily works with the patients with more severe to extreme conditions.*

*We are working towards addressing these issues by: -*

- Establishing an agreed step care model within Primary Care and ensuring appropriate signposting/referring occurs.*
- Developing sustainable MDTs in localities that will support Primary Care colleagues and work where people live (this is a longer term project)*
- Develop group programmes that support the moderate to severe conditions whilst both reallocating resources and securing new ones.*

We note the percentage of patients waiting under 12 weeks from referral to first outpatient appointment (as at 31 Dec 2017) was 78.8%, exceeding the Scottish average but missing the 95% target. Can you advise what sustainable measures are in place to address the backlog in patients waiting for outpatient appointments?

## **Response**

*As of July 2018, we have a slightly worsened position with access to first appointment within 12 weeks where 31% of patients have waited more than 12 weeks at the most recent census.*

*This is because there is pressure in certain key specialities, which are provided as a visiting service from NHS Grampian and Golden Jubilee National Hospital and include: ophthalmology, oral surgery orthopaedics and ENT. Vacancies in these speciality areas is compounding the issue of access and visiting services have been reduced to Islands in some areas because of recruitment issues e.g. dermatology.*

*We have used funding allocated to improve access to increase the clinical capacity available in all of these speciality areas and patients who have exceeded the target will be prioritised along with patients with urgent clinical need. These recovery plans will start to show an improved position from Q2 of 2018-19 as additional clinical time is being phased in over the summer months.*

*The issue of elective capacity is one that will require a regional, collaborative approach in order to ensure we have enough capacity across the region and NHS Shetland is participating in regional working groups to look at elective pathways as well as projects aimed at ensuring we have sustainable hospital and acute care arrangements in Shetland (and the Islands).*

## **Finance**

The most recent audit of NHS Shetland highlighted plans to make efficiency savings of £12.6 million over the next five years. Can you advise:

- an update on the position with regards to savings achieved at the end of 2017/18
- how the Board are planning to meet their recurring savings target for the next year
- how feasible are the savings plan for the next five years

## Response

*The NHS Board receives regular updates of the financial position. The Board papers presented in June 2018 include the anticipated 2018-19 position and planned actions to address the gap over the next 5 years. The web-link to the relevant paper is included below.*

### **2018-19 Budget Setting and Five Year Financial plan**

<http://www.shb.scot.nhs.uk/board/meetings/2018/0622/20180622-2018-19-16.pdf>

*You will see from these papers that there are significant financial challenges facing NHS Shetland. These are largely to do with the additional costs associated with sustaining Healthcare in remote and Island communities. It is therefore too early to establish whether the level of savings required to meet the gap between projected Income and expenditure over the next five years is feasible. The ability to deliver this will also be significantly impacted by the decisions made at both the UK and Scottish level on future Investment in the Health service, as well as any agreed changes to pay and conditions over the next 5 years and the funding available to support this.*

*Alongside this, progress in redesigning services will be affected by our ability to make decisions that support the long term need for and sustainability of services, rather than continuing to replicate existing, potentially unsustainable service models.*

I trust this provides adequate explanation to answer your queries but if you need any further information, or have further points of clarification, please let me know.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ralph Roberts', with a stylized flourish at the end.

Ralph Roberts  
Chief Executive