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Your Ref
Our Ref PH/CPSF/VM/letters/1024HealthandSport
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Dear Lewis

Thank you for your letter dated 30 September 2019 requesting a follow up from NHS Fife's appearance at the Health and Sports Committee on 25 June. I will respond to each of the issues as they appear in your letter to ensure all queries are covered.

Committee Follow Up:

Financial Planning

There are a number of key financial challenges facing NHS Fife in the current year, namely the overspend on our Acute Services (largely driven by slippage on savings plans and a number of specific cost pressures) and the risk share impact of the Integration Joint Board overspend (driven by social care costs). The overall position is linked to increased demand for unscheduled care within our Acute Services Division and the Health & Social Care Partnership (Community hospitals and Social Care). Demographic pressures across the system mean that the opportunity to shift the balance of care (both activity and resources) is extremely limited at present. This is evident through the use of surge capacity all year, not just in the winter months, and the recent requirement to purchase additional social care packages to release capacity for patients in delay in Victoria Hospital. These are key contributing factors to the current financial pressures and demonstrate the extent of the interdependencies across the health and care system.

In addition, there is a growing cost pressure in relation to activity outside Fife and in particular, the number of specialist high cost, low volume procedures undertaken in Edinburgh, as well as the cost of outflow activity from NHS Fife to NHS Tayside.



Chair Tricia Marwick
Chief Executive Paul Hawkins
Fife NHS Board is the common name of Fife Health Board

Based on the most recent publicly reported position to the NHS Board and high level planning assumptions, estimates and information available, the year end forecast is a potential £8.8m overspend (including £4.7m related to a share of the IJB budget deficit). An early estimate of possible non recurring options to address the overspend provides a degree of assurance that the forecast position might be mitigated to an extent; however, there is currently limited assurance that NHS Fife can deliver a balanced position at year end if we are required to cover the impact of the IJB position. For the purposes of reporting to Scottish Government in our routine Monthly Financial Performance Return (FPR) therefore we have included a funding assumption to the value of the risk share impact and a continued commitment to cover the net overspend on the Health Board budgets through increased financial flexibility. Discussions are ongoing with Scottish Government officials on both the IJB and overall NHS Fife position.

Medicines Efficiencies Programme

NHS Fife launched a three year Medicines Efficiency Transformation Programme in August 2016, with the aim of delivering significant medicines efficiencies, improving safety and quality of prescribing across the organisation.

The three priority areas for the Programme are:

1. Introduction of restricted medicine formulary (list of preferred medicines) and improving formulary compliance
2. Reducing medicines waste
3. Realistic Prescribing

The Medicines Efficiency Transformation Programme has delivered the following key outcomes:

- Improvements in safety and quality of prescribing across the organisation
- Improved formulary compliance from 62% to 75% (by spend) and 79% to 85% (by volume) for GP prescribing and > 90% in acute services
- Redesign of Medicines Governance structure and ensuring key links with Realistic Medicine agenda
- £14m+ medicines efficiencies across the organisation
- Moved Fife from 2nd highest prescribing cost per patient for GP Prescribing to 4th lowest in Scotland

The programme was supported by multiple initiatives, projects and key enablers that contributed to the success of the Programme. The key enablers were:

- Leadership and expertise of the Pharmacy Service
- Clinician and multidisciplinary team engagement
- Project Support; change management expertise, measurement and reporting of projects
- Partnership working & support from Senior Management, eHealth, Procurement, Communications and Finance Teams

Transformation Programmes

The Transformation Programme across NHS Fife and the Fife Health and Social Care Partnership was established in 2015/16 to deliver the recommendations of the Fife Clinical Strategy and the Health and Social Care Partnership Strategic Plan. The Clinical Strategy is a 5 year plan and the first programmes to commence were Medicines Efficiencies, Urgent Care, Community Redesign and Mental Health Redesign. Along with delivery of longer term savings, these programmes were undertaken to ensure the sustainability of good quality delivery of service across acute and community services.

A recent review of the governance structure of the transformation programme in Fife has resulted in each programme being revisited to confirm the outcomes and timescales for each of the programmes as well as the introduction of a more rigorous programme management framework based on the 'stage and gate' approach. The focus going forward will be to closer align transformation with the medium to long term financial planning process and this is being jointly led by the Chief Executives of NHS Fife and Fife Council.

Set Aside Budget

Our acute set aside budgets continue to be reported within our overall Acute Services Division, however to ensure visibility, both the NHS Board and IJB receive details of the financial position in these services. As this year progresses, the Director of Health & Social Care and Chief Operating Officer, Acute Services, with support from the Chief Finance Officer for the IJB and Director of Finance for NHS Fife, plan to develop closer alignment of their respective teams to consider this in more detail.

The Fife response to this matter was contained within the Ministerial Strategic Group for Health and Community Care (MSG), Review of Progress with Integration of Health and Social Care - Self Evaluation.

IJB Over and Under Spends

Based on the position at June 2019, the Health and Social Care Partnership is reporting an overspend position of £11.273m. The key areas contributing to this overspend position include:

- The £6.553m opening budget deficit as per budget set on 28 March 2019.
- Adult packages are projecting an overspend of £3.681m, which is the result of additional complex packages commissioned since the budget was set.

Hospital Acquired Infections

There has been an overall reduction in Healthcare Associated Infections this year when compared to last year's data. NHS Fife continues to take forward improvement actions which include reduction of infections in the following areas:

- Vascular access devices.
- Patients with diabetes.
- Patients who inject drugs.

We will continue to monitor progress in relation to the improvement target.

With regards to actions NHS Fife is planning to take regarding those who inject drugs, meetings have taken place with key stakeholders and service users to understand the challenges in relation to the client group and to determine the immediate improvement actions. The Addictions Service is working with the voluntary sector to support clients, prevent infection and to recognise early diagnosis/intervention to wound infections.

Primary Care Transformation Fund

The intended benefits of the Primary Care Transformation Fund are outlined in the 2018 GP Contract 'Memorandum of Understanding' and Fife Primary Care Improvement Plan. The 7 work streams of the Primary Care Improvement Plan have incorporated benefits realisation criteria into their 3 year development plans.

The GMS Implementation Group (programme board) assesses work stream plans against the benefits realisation criteria when making decisions around new models of care and implementation prioritisation. The Group also monitors the programme spend and benefits realisation to ensure timely delivery. The overview is reported to the programme board on a monthly basis where scrutiny, assurance and positive challenge is actively sought. The overview covers models of care, workstream budget analysis, work stream whole time equivalent (WTE) staff by GP Practice, GP Cluster and Fife-wide and evaluation methods (national, local, summative, formative).

Sickness Absence levels

As discussed at the session, the management of attendance and improving attendance is multi-faceted and identifying any one or two causes for absence rates is difficult. Within the Board there is scrutiny at Board, Staff Governance Committee, Executive Directors' Group, Area and Local Partnership Fora and local management levels on seeking to identify reasons, where possible, and how performance can be improved.

The reasons for absence may differ from area to area and may be related to peaks of types of illnesses such as diarrhoea and vomiting, natural annual peaks experienced by all Boards sometimes throughout the summer and also over December/January.

The two most common reasons for absence is musculo-skeletal and anxiety/depression. We continue to take steps to support staff in these situations via use of our Occupational Health Service and also by including mental health awareness/support within our attendance management training sessions and workshops.

There is also an understanding that the anxiety being experienced by our staff can be as a result of external life issues and we are seeking to support staff by bringing in external support to help them with these types of issues. We also include in our training sessions discussion regarding resilience, mindfulness and having good conversations, which can equip our staff with skills and strategies that they can use both within the work setting and also their life outside of work to help them cope.

Dementia Waiting List Size

Central Fife is the only area that continues to have a waiting list. This is due to this area receiving the highest number of referrals – 237 in Central from January-September compared to 200 for North East Fife and West Fife combined. Although Central Fife has the highest WTE staffing, they continue to have the largest case loads with an average of 102 service users. This has an impact on the number of new cases they can pick up. Since the last report we have reviewed the staffing establishments for each area and have utilised resource in West and NE Fife to increase the establishment in Central by 0.6WTE. This has had a significant impact on the waiting list, reducing it from 72 to 35 in a period of 5 weeks.

Health and Social Care Integration Barriers

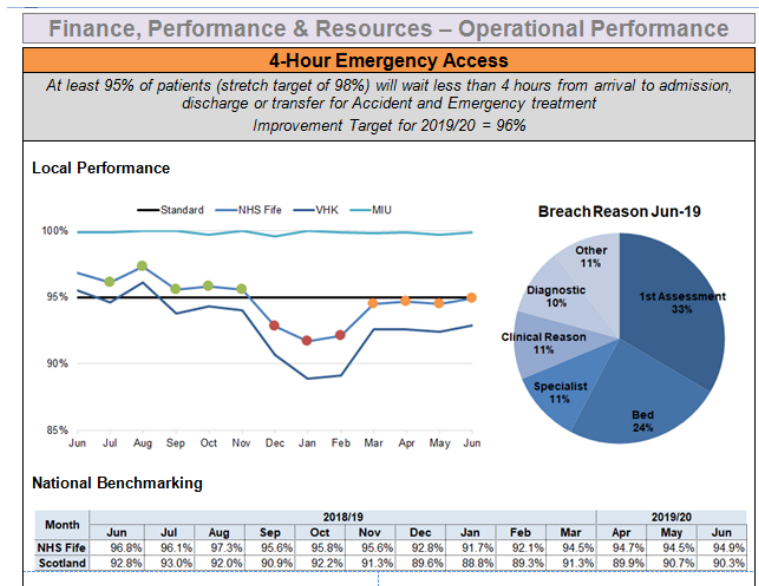
As mentioned above, Fife Health and Social Care Partnership have completed an Action Plan in response to the Self Assessment that was undertaken as part of the Ministerial Steering Group's actions. This was in relation to the Outcomes of Integration. The Action Plan was returned to the Scottish Government on 28 August 2019 and is informing development work and priorities within the Partnership.

Performance Benchmarking

Performance reporting remains an important element of the scrutiny of NHS Fife Board and benchmarking is integral to this scrutiny. Over the past 5 years, benchmarking exercises have been undertaken to compare performance and understand any variation that may exist – this has provided a wider context to the management of performance in operational areas.

The recently refreshed Integrated Performance & Quality Report, produced monthly, provides the Board with the key performance indicators for Fife and, within this report, where an indicator is not meeting the standard, drill down analysis is produced, including benchmarking information if available. The Board has valued this level of detail, which enables them to have adequate scrutiny and provide assurance. We understand that NHS Fife is unique in this approach to the presentation of performance reporting, which includes benchmarking over time for all key indicators, where available, and encompasses all aspects of governance including operational performance, finance, workforce, and quality & safety. Feedback from Non Executive Board members has been very positive.

An extract of one performance metric from our IPQR is provided below:



Dementia Waiting Lists

The latest management report from ISD shows an increase in waiting times in all areas. On further investigation it was found that there were issues with the accuracy of the data dating back to April 2016 that would show a reduction in the number of patients on the waiting list. The process for resubmission of data has now been clarified and future data should be accurate.

Currently, there is a review of the referral process from point of diagnosis to first appointment to understand the pathway and reduce or eliminate unnecessary delays through Quality Improvement. It is also understood that the reporting of this key indicator is changing.

Delayed Discharge Costs

Delayed discharges have historically reported the number of patients in delay at a point in time but are now reporting the total number of bed days lost for patients in delay. The total number of bed days lost for all patients in delay is 32,336 and if patients who are delayed for reasons outwith the control of the Health and Social Care Partnership are excluded, the number of beds days lost for patients in delay is 22723, a difference of 9,613. We do not routinely record the cost of delayed discharges.

Role for Pharmacy Re. A&E Attendances

As part of the NHS Fife Acute Transformation Programme there is a plan in place to introduce and test the impact of an advanced trained Clinical Pharmacist to support the clinical workload of the Emergency department. This work will be informed by models from elsewhere in the UK where there is evidence to suggest up to 36% of workload could be managed by an advanced trained clinical pharmacist prescriber, particularly where the advanced training is focussed on general medicine and orthopaedics. The advanced pharmacist practitioner will also have a role in maximising the service uptake from community pharmacy through triage and signposting where clinically appropriate.

Effectively Communicating Pharmacy Proposals with the Public

Information below is taken from and available in the Pharmaceutical Care Services Plan 2019 – see below available at:

<https://www.nhsfife.org/nhs/index.cfm?fuseaction=publication.pop&pubID=27D07A54-D933-DDFB-BECD6923BF7F8EF9>

In terms of communicating with the public, there is information available on NHS Fife website and at NHS Inform.

<https://www.nhsfife.org/nhs/index.cfm?fuseaction=nhs.pagedisplay&p2sid=BB07ABC3-E8B8-18F7-A56B698852672943&themeid=E4689E2B-5056-8C6F-C0BF8FA7CD6A38D0>

<https://www.nhsinform.scot/care-support-and-rights/nhs-services/pharmacy/pharmacy-services>

Community Pharmacies display nationally approved Scottish Government posters and information leaflets on the services available and via national public health campaigns. We actively engage with the Dr Owl campaigns during peak pressure times at Easter and over the Festive period, ensuring advice is provided to patients and the public. The Pharmacy service works closely with key partners in Fife, e.g OOH services, PCES, (Urgent Care), GP practices and community/voluntary organisations to ensure that opening hours of pharmacies are made available. The service now has a Twitter account and plans to communicate alongside NHS Fife via social media on all aspects of the 'know who to turn to' campaign, the minor ailment service (MAS) and 'Pharmacy First' which offers treatment for uncomplicated UTI and Impetigo, to ensure that patients and the public can access the right service at the right time and where possible avoid attendance at A & E departments.

<https://www.nhsfife.org/nhs/index.cfm?fuseaction=nhs.subjectdisplay&subjectid=85FCC514-042F-9F14-D15BE020AF1F6B17&themeid=3B984BF2-65BF-00F7-D42941481355468F>

Regular articles and contributions are made to Fife Life, a newsletter for Fife Residents.

New Questions:

Child and Adolescent Mental Health Service (CAMHS) Waiting Times and Actions

The actions are in place for children, young people and families while patients wait for their CAMHS appointments.

- The referrals for children and young people to Specialist CAMHS are screened by a team of senior clinicians. Those who present with the most significant need are allocated priority appointments. Routine appointments will be added to the CAMHS waiting list.
- Those identified as priority will be sent an appointment letter. Those children, young people and families who are considered to be routine referrals are sent an opt-in letter. This letter reiterates the role and function of Specialist CAMHS, provides information on potential waiting times and offers information on alternative support services and how to access these.
- All children, young people and their families are informed that if there is any change in their presentation or increased concerns then they should either contact CAMHS directly or liaise with their original referrer to consider options and the potential request for their referral to be expedited.
- Fife CAMHS Primary Mental Health workers provide a consultation telephone service to professionals working across children's services. The purpose of this is to provide guidance, advice, consultation and support to professionals who are working with children and young people with emotional and mental health issues or who may be waiting for a CAMHS assessment.
- Fife CAMHS has worked alongside partners in health and education under the Our Minds Matter Framework to map the available services and ensure that alternatives to specialist CAMHS are available. This support is provided by a range of services including School Nurses, Guidance staff and pupil support workers alongside and commissioned 3rd sector agencies such as Scottish Association for Mental Health (SAMH), Drugs, Alcohol & Psychotherapies Ltd (DAPL) and Fife Employment Access Trust (FEAT).
- In addition to the existing processes, during Summer 2019, the referrals for all children and young people who had waited longer than 18 weeks were re-assessed for appropriateness of group interventions. This included telephone consultation and individual interviews for over 200 children and young people.

- The parents and carers of all children who are currently on the Fife CAMHS waiting list have also been offered group interventions focusing on what parents can do to support children and young people with mental health issues.

Child & Adolescent Mental Health (CAMHS)

CAMHS **Primary Mental Health Workers First Contact Appointments** have been in place since April 2019. The team was recruited in December 2018 and came into post in March 2019. This service aims to provide, all children and young people who present to their GP with issues relating to mental health, an assessment appointment within 2-3 weeks. This appointment provides a formulation of need and identifies the appropriate support providers early in the spectrum of care.

These appointments provide extensive information to parents and children about the range of service providers and how to access help in the future. Unfortunately the delays to the delivery of the key actions were mainly due to recruitment and retention of staff and the status of funding to carry out these actions.

- Due to the short term funding attached to these posts, 4 of the 7 staff left for permanent positions and significant delays in recruitment has meant that the recent delivery has been compromised due to the capacity of the remaining staff.
- **Tier 3 Therapeutic Group Programme** experienced a delay in commencing due to a delay in the recruitment process, difficulty in recruiting due to temporary funding and then a requirement for the group programme to be designed to meet the specific needs of the client group who were on the waiting list.

Tier 3 Initial Assessment Apointments was a pilot project as part of the Mental Health Access, Improvement & Support Team (MHAIST) initiative. This project commenced in August 2018 and ceased in May 2019 following the implementation of the Primary Mental Health Worker (PMHW) First Contact Appointments (FCA). This was as a result of the Initial Assessment Appointment (IAA) demonstrating minimal value and the PMHW FCA providing a fuller formulation of need, earlier in the spectrum of care.

The **Tier 3 Therapeutic Group Programme** is now established and has been running since August 2019 with approximately 160 additional children and young people, who had waited over 18 weeks, being provided with therapeutic group interventions between now and Jan 2020.

Fife CAMHS is also providing additional Evening Clinics, delivered by 9 senior clinicians for 6 months until March 2020. These clinics will result in approx 80-110 children and young people, who have waited the longest, being seen over the next few months and significantly contribute to reducing the longest waits.

Complaints Handling

We continue to see improvement across stage 1 and stage 2 complaints performance.

NHS Fife are currently reviewing the complaints process to ensure consistency of approach across both Health and Social Care Partnership and Acute Services. We are also reviewing the approval process for stage 2 complaints.

There are a number of reasons why the target has not been met. We have seen an increase in the number of complex complaints across both Health and Social Care, which have impacted on the ability to meet the 20 day target.

A review has also been undertaken regarding the quality of the investigation and the response letters to ensure this meets the complainants' needs.

NHS Fife continually monitors the complaints handling process and reports through the Clinical Governance Committee and to NHS Fife Board.

NHS Fife Website

Procurement of the new NHS Fife website is underway, with a tender specification for the redesign, user testing / development, build and hosting of a new user-focused website and associated content management system.

This will include enhanced site structure and search along with a responsive design that will work across a range of digital platforms, including mobile.

We hope to have a preferred supplier in place by the end of November 2019 with a view to starting the redesign and user testing in January 2020. It is expected that the first phase of the new enhanced NHS Fife website will be launched before the end of the 2019/20 financial year.

Smoking Cessation

NHS Fife has not been successful in reaching our target over the last 5 or 6 years; however, in the reporting year 2018/19 we achieved 89% of our target despite experiencing a number of challenges:

- ongoing service redesign
- staff turnover
- ongoing management of long term absence and recruitment issues
- a requirement to rebrand the services and adopt national branding (Quit Your Way)
- length of time in training to become a competent practitioner (partially due availability of national training requirements).

Ongoing challenges with incomplete data from communities pharmacies mean that not all successful quits have been reported and included in the overall total. Perhaps this explains the disparity between the specialist service that are exceeding the national average for successful quits and the pharmacy service who are equal to or below the Scottish average.

Narrowly missing the target by such a small margin (11%) is nevertheless a real achievement for the services, as they have been working hard on service developments in the specialist service provision. This includes widening access, with Saturday and evening provision, as well as community in-reach work using a mobile unit to engage with those who traditionally do not access medical services. We have also re-orientated clinic provision to those in the most deprived communities in response to the target requirements.

Previously the target had been a complex calculation between smoking prevalence and Board performance. The performance aspect was historical when it was a population based approach which meant comparing 'apples with pears' across Scotland. The refocus to the 40% most deprived communities has meant that the target has been unobtainable due to reasons stated above.

This year's target is now equitable across all NHS boards as being 1.5% of local smoking prevalence in the most deprived communities.

I hope this letter answers your queries sufficiently and, if you have any further queries, please do not hesitate to contact us.

Yours sincerely



Paul Hawkins
Chief Executive