

# COMMON GROUND

EAST  
REGION | 70  
YEARS  
#nhsscot70

DEVELOPING A HEALTH AND SOCIAL  
CARE PLAN FOR THE EAST OF SCOTLAND

Staff Briefing



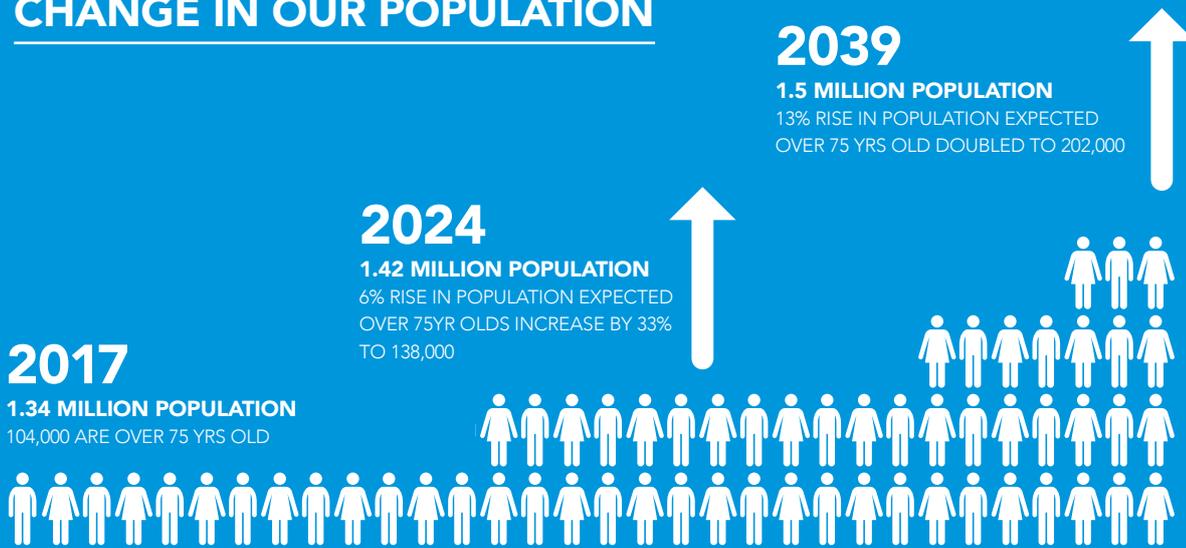
SEPTEMBER 2018

**It is fitting that in the 70th anniversary year of our National Health Service we should remind ourselves of just how far we have come. There is no doubt that the advent of the NHS was transformative, making it possible for everyone to access healthcare. Millions of us down the decades owe our lives to it. Countless more of us have had our quality of life significantly improved thanks to it.**

**Of course the NHS of 70 years ago would not be fit for our times. Over the years, medicine, surgery, therapies and treatments have evolved so that they are now changed beyond recognition.**

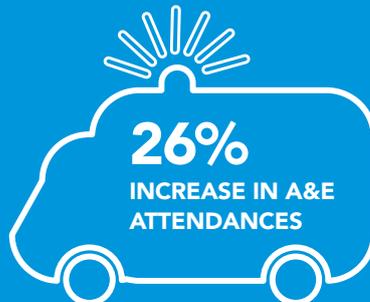
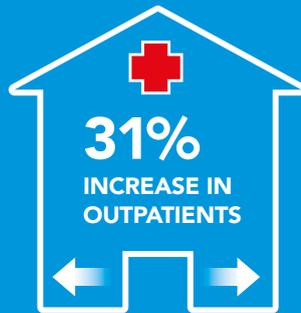
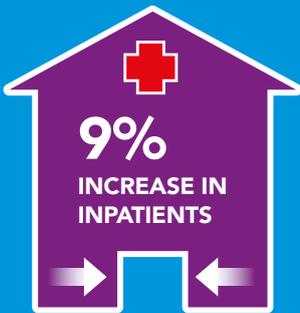
**Our standard of living is generally greatly improved and thanks to medical advances, discovery, innovation and technological progress we can now treat conditions that once we could not. We are all living longer as a result. While this is a cause for celebration, it does mean demand on health and social care services is at an all time high – and rising.**

## CHANGE IN OUR POPULATION



## CHANGE IN DEMAND

THE PAST DECADE HAS SEEN SIGNIFICANT INCREASES IN HOSPITAL ACTIVITY ACROSS THE EAST REGION



PATIENTS  
WAITING OVER  
**12 WEEKS** FOR  
APPOINTMENTS



### OUTPATIENTS

MARCH 2017

**19,000**

MARCH 2018

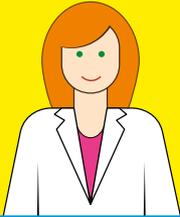
**24,349**

THERE ARE CURRENTLY  
**3,458** PATIENTS WAITING  
ON AN INPATIENT OR  
DAY CASE PROCEDURE

## WORKFORCE CHALLENGES

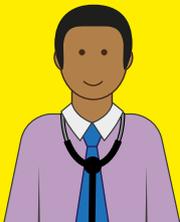
CHALLENGES VARY BY NHS BOARD, PROFESSION AND SERVICE

EXAMPLES OF CHALLENGES INCLUDE:



### CONSULTANT VACANCIES

Vacancies have been rising over the last 5 years in a range of specialties including radiology, psychiatry, clinical labs, paediatrics, emergency medicine and intensive care.



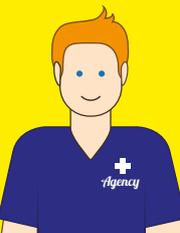
### GP WORKFORCE

There have been slightly fewer GPs over the last 5 years and more of them than ever are choosing to work part time.



### NURSING AGE PROFILE

- > Mental Health – 40% are over 50
- > Learning disability – 40% are over 50
- > Midwifery – 38% are over 50



### AGENCY SPEND

- > Medical Locums – £13.58m in 2017/18
- > (12% of all NHSS locum spend)
- > Nurse Agency – £5.11m
- > (21% of all NHS Scotland nursing agency spend)



### MEETING FUTURE DEMAND

Projections of workforce supply and demand shows there will be increasing challenges in many workforce groups. e.g. In medical roles, nursing, diagnostic radiographers, occupational therapists, optometrists, clinical physiology roles, operating theatre department practitioners.

It is clear that the NHS of today will not be fit for the future and it must continue to evolve to meet our future needs. Doing nothing to change the way we deliver our services is simply not an option. So – how do we meet that rising demand while continuing to provide safe, effective, high quality healthcare to all who need it? How do we redesign services so that we keep pace with medical and technological progress? Modern medicine is expensive. So how do we do all this and still balance the books?

## Our 5 Objectives in the East Of Scotland

1. **Shift the balance of care and investment from hospital care to primary and community care settings so that people receive more of their care closer to home**
2. **Shift the emphasis of our system so we are focussing much more than ever before on the prevention of ill health**
3. **Improve access to care and treatment in unscheduled (urgent and emergency) and elective (planned) care including a new elective centre and regional specialist cancer centre**
4. **Improve the quality of care and the experience that patients have**
5. **Deliver recurring savings each year to break even while responding to increased demand driven by demographic change and population growth.**

## A Plan for Scotland

The Scottish Government published the National Health and Social Care Delivery Plan to respond to that question. It describes a vision of joined up health and social care systems that work together to provide the right care in the right place at the right time while taking account of staffing, financial and service access challenges. It requires Health Boards to work together to deliver safe and sustainable health services across the East Region. We must develop new models of care that harness innovation and make the most of our collective resources to be the best we can be.

## A Plan for the East of Scotland

In the East of Scotland NHS Borders, NHS Fife and NHS Lothian are working together to develop a plan for the region that will enable us to continue to deliver health care of the very highest quality that is safe, effective and sustainable. We are working too with the region's six Health and Social Care Partnerships and local Councils because services need to be joined up if they are to be effective. Your views are helping to form that plan.

## Our Vision For You

**You have told us what is important to you and that has helped us frame our vision for the east of Scotland.**

**Decisions about your care and treatment will be made with you so that the people involved in your care understand and respect what matters to you.**

**Wherever you live in the East of Scotland you will receive safe, effective high quality care.**

**You will receive your treatment and care in the right place. Wherever possible this will be as close to home as possible as many treatments and procedures no longer require a stay in hospital.**

**Services will be joined up so that your care is organised around your needs.**

**We will help you to take greater control of your own well being to help prevent health problems starting or prevent them from getting worse.**

## Collaboration

We already collaborate across Health Board boundaries to make sure all our populations get access to the services they need. For example, Fife is home to a regional endoscopy unit which offers diagnostic testing to patients from Lothian and Forth Valley as well as Fife. Lothian hosts a Robot Assisted Prostate Surgery service meaning 77% of patients can now be discharged on their first day after surgery as opposed to the previous type of surgery requiring a longer in-patient stay and recovery period. It is co-funded by NHS Borders, NHS Fife, NHS Lothian, the charity Prostate Scotland and the Scottish Government. The East of Scotland Type 2 Diabetes Partnership originated from multi-agency work underway in the Borders and builds on clinical networks in all 3 Boards. We have a number of networks that work across all East Region Boards to support high quality, resilient and sustainable services including joint ventures in education and training e.g. South East Cancer Network, Child Protection network and Learning Disability and Mental Health networks.

## Learning from each other

It is important to understand that regional collaboration is not about centralising the location of some services so that people throughout the region travel to one centre for specific types of treatment. The emphasis in the East is much more about sharing our collective expertise and resources to develop new models of care and new ways of working so that the best care is available to everyone who needs it, regardless of where they live.

## New Models of Care

In GP and community services we are tracking progress on new models of care including one that is aimed at helping patients get speedier access to the right healthcare professional. This pilot site brings together a team from NHS 24 and specialist Advanced Nurse Practitioners, physiotherapists and mental health nurses, alongside a GP practice. When people phone for an appointment they are assessed by NHS 24 to find out who it would be best for them to see – a GP, Advanced Nurse Practitioner or one of the other specialists working in the team. This means the GPs can focus their time on seeing only those patients who really need to see a doctor. Those patients will get a quicker appointment as a result. It is also envisaged this new way of working will bring whole range of benefits to patients such as longer routine appointments, faster access to the right expertise and an annual health check for the over 60's.

You can watch a video about it [here](#)



## The Story So Far

We have developed a detailed understanding of the financial challenge in the East of Scotland.

- National and international studies all point to the fact that health and social care demand will continue to grow in Scotland –especially true for the East of Scotland given our fast growing population. Our total combined budget for health and care for the East Region is £2.6 billion. However, our anticipated growth in demand for services in the future means that these financial resources will be increasingly challenged, and we therefore need to establish changes to the way we deliver services.
- We have organised ourselves into work groups to identify specific challenges and opportunities to improve the way we do things in a wide range of service areas. Each group has clinical staff from across the region's three health boards who have particular knowledge, experience and expertise in their field.
- We have been working to develop a clear, detailed picture of our performance. We already know which services have long waiting times or are currently under pressure in the region. The first challenge is to understand how that pressure is likely to grow across a range of our diagnostic and elective services if we do nothing to change how we deliver those services. The next is to figure out what we can do to meet that demand.
- We have developed a detailed profile of the NHS workforce in the East of Scotland. We now have a clear picture of NHS staffing demand and supply issues, the opportunities, risks and challenges. This will help focus our work on training and recruitment and the development of new roles – both now and into the future.
- We have identified capital project proposals which are working their way through the planning system. If successful these would result in a number of infrastructure and reprovion proposals to deliver service priorities within the region.
- We are agreed on the best way forward in IT so that we are all using systems and applications that make it easier to share information and collaborate across the region.
- We are agreed on the prime importance in helping to prevent our population and our staff from getting unwell needlessly by supporting people to look after their wellbeing and make healthier choices.
- We have identified the prevention, early detection and early intervention for Type 2 Diabetes as priority focus for this work based on the potential impact to improve health, improve health care services and reduce costs. Two further areas being explored for a regional approach to prevention including childhood interventions to prevent serious mental health problems in adulthood and targeted support to help stop smoking.
- A programme is underway to examine how our 'back office' services such as Human Resources, Finance and Information Technology Services can be harmonised so that the same process and systems are used in each area to reduce duplication of administrative effort, make it easier for staff to move between different Boards and to collaborate with one another.
- The Chief Officers of the six Health and Social Care Partnership Integration Joint Boards are agreeing a regional agenda that nevertheless supports their local planning priorities in each of their geographical areas

# Working together to be fit for the future

## Diabetes

The East Region's 3 Councils, 3 NHS Boards and 6 Health and Social Care Partnerships have agreed to work together to reduce Type 2 Diabetes in the region. It affects more and more of us, yet is preventable and even, in some cases, reversible. This promises to be an exciting initiative that will bring together health professionals, council planning and health and leisure colleagues and marketing expertise to make it easier for people to make healthy choices in all aspects of their day to day lives. Building on work already begun by the East Region's partners, the Scottish Government has now asked us to be early adopters for their recently launched Type 2 Diabetes framework and their Diet and Weight Management Delivery Plan.



# # ourpart IN YOUR HEALTHY FUTURE

## Did you know...

<p><b>59,745</b> people have <b>Type 2 Diabetes (T2D)</b> in the <b>East Region*</b> of Scotland <small>(4.3% of the total population in East)</small></p>	<p><b>3,929</b> new cases of <b>Type 2 Diabetes (T2D)</b> in 2016</p>	<p><b>40%</b> % increase in prevalence of all <b>Diabetes</b> between 2007 – 2016</p>
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## The consequences for some with Diabetes are devastating:

<p><b>392</b> were recorded as blind</p>	<p><b>365</b> had lower-limbs amputated</p>	<p><b>356</b> had End-stage renal failure</p>
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All data taken from Scottish Diabetes Survey 2016 & admissions data from Govan et al (2011)

It's also estimated that the cost of admissions to hospital for T2D was

**£86,100,000**

(based on just over **28,000** admissions to hospital in 2016)

## Think about how we could use that money differently?

The good news is that T2D is **preventable**, and **reversible**, but only if we take a new approach. Partners across the East Region are committed to thinking and acting differently but can only do this if individuals, families, communities, and businesses play their part.

## We'll play # ourpart - will you?

### Over the next few years, we will:

<p>Establish an in-depth understanding of what's already happening to prevent T2D take the best of what's being done in the east region and roll it out more widely</p>	<p>Work closely with businesses to influence what they sell and how they promote. And collaborate on policies for fast food premises</p>	<p>Establish common weight management programmes. Reach people who need to lose weight and make it easier for them to get the right support to help them lose weight and keep it off.</p>
<p><b>Work to maximise opportunities for active travel and physical activity</b> (with the leisure sector)</p>	<p><b>Positively encourage &amp; support our 84,500 staff</b> in East region to get and stay healthy</p>	<p><b>Create targeted interventions for children and young people</b></p>
<p><b>Work with Scottish Government to influence policies</b> Identify measures of success e.g. numbers, % changes, levels of participation etc Appoint staff dedicated to this new approach across the region, to really focus on doing things differently</p>		

## Who's involved in the East Region Partnership?

6 COUNCILS	3 HEALTH BOARDS	6 INTEGRATED JOINT BOARDS (IJB)
Scottish Borders Council	NHS Borders	Scottish Borders IJB
City of Edinburgh Council East Lothian Council Midlothian Council West Lothian Council	NHS Lothian	Edinburgh IJB East Lothian IJB Midlothian IJB West Lothian IJB
Fife Council	NHS Fife	Fife IJB

\*East Region comprise Scottish Borders, Edinburgh, West Lothian, East Lothian, Midlothian and Fife, a total population of **1,375,880** - that's just over a quarter of Scotland's population

## What this is not!

### **This is not a move to combine NHS Borders, NHS Fife and NHS Lothian.**

Each Board will continue to remain distinct but we will work together where it makes sense to provide safe, effective and sustainable services for our patients.

### **Our regional plan is not about closing sites or centralising services.**

Our emphasis in the East is on developing and sharing best practice models in the way we treat and care for people so that everyone gets the best care, no matter where they live in the region. There may be some specialities it makes sense to concentrate in one place but we will build a coherent plan for delivery at all levels– local, regional and even national. We need to work out what makes most sense for each area and for the region taking into account patient demand, our capacity, infrastructure and workforce issues as well as finance. It will involve collaboration with the Region's 6 Health and Social Care partnerships as well as Council colleagues and the Third Sector and must make sense for every part of our region.

### **This is not about looking for ways to cut jobs.**

We face considerable recruitment difficulties and we know that many of our staff are heading for retirement. Those challenges must be met. To plan well for the future we need to consider how roles may change as a result of new ways of working. We also need to ensure our workforce is trained and equipped for the future too.

## Key Propositions

Over the coming months we will develop our propositions. Moving forward we plan to: :

- Agree the best models of service and treatment thresholds for the region for a range of priority specialties for acute (hospitals) services
- Progress a region wide approach to laboratories. This will achieve the same high standard of service across the 3 Boards, while making best use of technology as well as providing better value for money.
- Continue to implement national approach in the East for trauma and major trauma. This will provide trauma patients with the right care at the right time in the right place depending on the severity of their injury. This may mean transfer to a specialist trauma unit where specialist staff and equipment are available 24 hours a day, with a plan to make sure appropriate care is provided more locally once they are recovering.
- Progress the now agreed regional capital propositions for a new site for the Edinburgh Eye Pavilion and agree detail on proposed investment in an Elective Treatment Centre at St John's Hospital, Livingston.
- Track progress on the new model of care being piloted in primary care / GP Practice in East Lothian to see if approach could be adopted in other parts of the region.
- Progress the other priorities led by the Integrated Joint Boards such as regional approach for people with dementia being cared for in their own homes or in the community and attaining better outcomes for people who have high use of services.
- Continue to develop and implement our regional plan to major on the prevention and remission of Type 2 Diabetes via our East of Scotland multi-agency partnership.

- Explore in more detail with our partners other preventive opportunities that would benefit from a collaborative approach. We think these will be early intervention for children experiencing significant trauma or neglect to mitigate adult mental health issues and targeted support to reduce smoking prevalence.
- Continue our financial strategy and capital investment planning work taking account of the East's particular situation and national requirements
- Conduct work to accelerate benefits from implementing single pay roll and procurement functions across the region's three Health Boards.
- Implement a 'Once for the Region' approach in aspects of HR/Workforce This will include the pioneering of a Regional Staff Bank to reduce our reliance on agency staff and creating a single regional employer for Doctors and Dentists in Training to improve junior doctor employee experience. This will reduce employment related administration. A single contract of employment with a continuous employer for the duration of training will make it easier for Doctors and Dentists in training to access mortgages, staff benefits and reduce tax mistakes and complications.
- Adopt regional approaches and standards for recruitment; workforce planning; online training & education; Occupational Health Services passport; induction and regional approaches for employment. This will make it easier for staff to move between Boards, will reduce duplication and remove unnecessary bureaucracy.
- Implement a 'Once for the Region' Information Technology (IT) programme to drive forward a digital platform and infrastructure which will mean staff can share clinical and other business information across the region easily, accessing the same platforms and applications, irrespective of where people are based.
- Work up a pilot for use of artificial intelligence in triaging patients for gastroenterology
- Bring our work on cancer; mental health, learning disabilities, child protection and child and adolescent mental health programmes into the 2018/19 priorities for the East's Health and Social Care Delivery Plan.
- Using the principles of 'realistic medicine' ensure that patients have enough information about their condition to make decisions about options for treatment which are right for them. <http://www.gov.scot/Publications/2018/04/6385>

## Next Steps

The development of a Health and Social Care Delivery Plan for the East of Scotland is an ongoing process. To be successful and to produce a plan we can all have confidence in, we will involve patients who are users of the specific services we are developing and will also be communicating and engaging over the coming months with carers, Third Sector organisations and the professional bodies such as the health unions. We will also continue to work side by side with our health and social care partners and the region's six councils.

We look forward to listening to as many people as possible and in particular to the involvement of the experts: those who use our services.

## Information and Feedback

If you have questions or comments please email [EastRegion.communications@nhs.net](mailto:EastRegion.communications@nhs.net)

**A collaboration between:**

**NHS Boards**



**Health and Social Care Partnerships**

Borders  
East Lothian  
Edinburgh

Fife  
Midlothian  
West Lothian