

**Health and Sport Committee
NHS Board Accounts 2013-14
Questionnaire Response from NHS Dumfries and Galloway**

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)

- £100k investment in Cancer Services and Pharmacy to ensure capacity continues to exist to allow chemotherapy treatment of cancer patients within two venues across the region.
- £302k investment in the development of services locally which will enable repatriation of patients currently using private low secure accommodation out of area for Mental Health and Learning Disability.
- £300k investment to support local capital developments in primary care premises at Dunscore and Dalbeattie.

(b) you would like to develop if you had additional funding i.e. what is next on your list of priorities?

All service development decisions have taken into account the availability of additional resources for future years.

(c) you have withdrawn in 2013-14 (and why?).

During 2013-14 the decision was taken to remove the ability of new patients to access the externally provided Homeopathy service. The decision was taken following a review of the research base for the service in collaboration with the Board's 'Making Difficult Decisions' framework.

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.)

The Putting You First Change Fund has been allocated across the Reshaping Care Pathway; Preventative and Anticipatory Care, Proactive Care and Support at home, Effective Care at time of transition, Hospital & Home Care and Enablers. The Change fund projects have been allocated along this pathway, and this shows that actual spend for prevention in 2012/13 was £765,000 around 33% of change fund spend. The projected spend for prevention in 2013/14 is £1,509,000 around 44% of projected change fund spend.

Reshaping Care Areas of preventative spend

- Build Social Networks and opportunities for participation
- Early diagnosis of dementia
- Prevention of falls and fractures
- Information & support for self management & self directed support
- Prediction of risk or recurrent admissions
- Anticipatory Care Planning
- Suitable and varied housing and housing support
- Support for carers
- Rapid access to equipment
- Tele-healthcare
- Medicines management

Across NHS Dumfries and Galloway we allocate funding for sexual health and drug and alcohol service areas. This funding is utilised for a combination of prevention and treatment services across the Board area. Embedded within our local communities are the Locality Public Health Teams who have specific responsibility for leading on community health prevention projects.

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

Putting You First Change Fund investment should lead to savings associated with reduced inpatient bed numbers in hospitals. This investment will also assist in dealing with the impact of the demographic demand on services. A detailed project evaluation team has been commissioned to review the financial and service outputs from the approved projects.

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

Preventative spending initiatives by their very nature have a projected longer term financial benefit. The timescale for measuring the impact of many of the preventative spend initiatives fall outwith the Boards 5-year planning timescale. However, project evaluation criteria for preventative spend PYF investments have been robustly configured to capture longer term benefits which will be reflected in future financial plans, where appropriate.

Access to new medicines

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

	GP prescribing	Hospital prescribing
2012-13 (planned)	£100k	£724k
2012-13 (actual)	£16k	£681k
2013-14 (planned)	£200k	£960k

The following parameters impact on the above response.

- We have included here expenditure on NEW drugs approved by SMC since April 2011.
- Additional expenditure on existing drugs that were approved for a NEW INDICATION are not included due to the difficulty in retrieving the information.
- In addition, we have not included spend on drugs approved by SMC before April 2011 even though expenditure continues to rise (e.g. anti-TNFs).
- We have not included any costs associated with administration, additional clinics, etc.

6. For each individual patient request agreed in 2012-13 (relating to newly-licenced medicines not recommended by the SMC), please complete the table below (please delete the example provided):

Request number	Medicine	Therapy area	Actual cost 2012-13	Planned cost 2013-14
1	Eculizumab	Paroxysmal nocturnal haemoglobinuria	£280k	£280k
2	Eculizumab	Atypical haemolytic uraemic syndrome	£200k	£100k
3	Bendamustine	Multiple relapsing CLL	£2k	0

Reducing inequalities

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

Keep well

- We have already established that people living in deprived circumstances have low levels of well-being. In turn we have established a relationship between low levels of well-being and a high incidence of cardiovascular disease. As a result of these associations our keep well project, whilst including all of the conventional risk factors, has an emphasis on the detection of low levels of well-being and the promotion of improved well-being. We have been measuring people's well-being before and after the health coaching intervention that we provide for clients. We can now demonstrate that there is a statistically significant improvement in levels of well-being amongst our keep well clients.

There are also demonstrable improvements in many of the other conventional lifestyle factors such as cigarette smoking, obesity, control of cholesterol etc. In providing this service to 1000 people per year across the region we believe that this is making a significant contribution to the reduction of health inequalities.

Building healthy communities

- As well as the association between deprivation and well-being and cardiovascular disease outlined above there is also clear evidence linking physical ill health with low levels of social capital. Building healthy communities is a project that addresses both of these issues working in our most deprived communities. The project works with the most vulnerable members of these communities and more recently has also had a focus on people with long term conditions living in these communities. We now have abundant evidence of the effectiveness of this asset building approach, with communities taking more control over their circumstances and individuals within these communities advancing their levels of well-being and people with long term conditions taking more responsibility for self management of their condition. This targeted approach is designed to make a significant contribution to the reduction of health inequalities across the region.

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

Building Healthy Communities

- 2012/13 – Budget £347k
- 2013/14 – Budget £481k

Keep Well

- 2012/13 – Budget £215K
- 2013/14 – Budget £390k

(c) What outcome measures have been identified for these services?

See under (a).

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

See under (a).

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?

- The level of funding transferred from our health budget to local authority in 2013/14 will be £8,635,000. £6,171,000 for Mental Health, Learning Disability services and £2,464,000 for older people Services.

In addition, the following specific service funding is transferred:

- MH/LD Teams £228k
- Staff Contracts £242k
- Agreements with Independent Providers £120k
- Agreement for named patient £47k
- NHS Continuing Care patient £52k
- Resilience Service £48k

(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?

The following budgets are planned to be transferred in 2013/14 for specific services:

- Delayed Discharge funding £693k
- Social Care Houses £102K
- Acorn House £200k
- Paediatric SLT £257k
- ICES £144k
- Mental Health Workers £105k
- Specific Staff Contracts £240k

Equalities

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

Examples:

- A full Equality and Diversity Impact Assessment across the whole Dumfries and Galloway Putting You First Change Programme was undertaken as part of the criteria for investment decisions.
- Each of the Board's Cash Releasing Efficiency Schemes (CRES) is equality and diversity impact assessed.
- GP Prescribing Budgets are increasingly based on NRAC, although given the small size of some practice populations it is unlikely that NRAC will ever be used 100%. The anticipated split this year is 70% NRAC and 30% on historical spend.

Sustainable development

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

NHS Dumfries and Galloway have for some time attached great importance to sustainability issues and we are committed to improving our environmental performance over all aspects of our service.

The Sustainable Development Strategy for NHS in Scotland, together with the NHS Dumfries and Galloway Sustainable Development Action Plan and Carbon Management Plan (CMP) forms the framework for delivery of this policy locally.

The main target within the CMP is to reduce CO₂ emissions by 40% by 2020. There are a number of large projects within the CMP which will deliver long term reductions in the organisations carbon footprint, provide tangible environmental benefits and reduce costs. In addition to carbon reduction we target reduction of 1% in energy use on a year on year basis in line with the E8 HEAT Target.

As a direct result of the targets which underpin the NHSiS Sustainable Development Strategy the Board's budget and procurement decisions are directly geared to these targets. As a consequence a number of sustainability projects were undertaken in 2012/13 which demonstrate significant carbon savings and deliver revenue efficiency.

The Board installed Wood Pellet fired Biomass Boilers at a number of hospitals. Dumfries and Galloway is one of the most densely afforested regions in the UK and it is therefore fitting that to complement the migration to biomass boilers that the fuel supply is sourced locally, sustainably and economically.

Contracts for both wood chip and wood pellet supply have been awarded to companies in the South West of Scotland.

Significant projects undertaken in year are highlighted in the following table

Site	Project	Saving	Saving (Tonnes CO ₂)
DGRI/Crichton Site	Voltage Optimisation	£36,103	192
Galloway	150kW Gas CHP	£65,746	243
Crichton Site	995 kW LTHW Boiler	£44,575	555
Moffat	Biomass boilers	£26,143	118
Newton Stewart	Biomass boilers	£23,931	117
Castle Douglas	Biomass boilers	£25,067	182
Kirkcudbright	Biomass boilers	£21,705	76
Annan	Biomass boilers	£46,887	253
Thornhill Hospital	Biomass boilers	£65,857	140

These projects were all completed by April 2013 and will make a total saving of 1,876 tonnes of CO₂ and £356,014 per year.

In addition to the major projects we have also ensured that sustainability issues are considered on minor projects and within operational maintenance. For example if offices are refurbished or lights require replacement energy saving LED fittings and motion sensors are now specified as a matter of course. Although these technologies do have a higher initial capital cost the life cycle costs are much reduced and lead to significant savings over time.