

**Health and Sport Committee
NHS Board Accounts 2013-14
Questionnaire Response from NHS Forth Valley**

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)

- i. Sustainability Plan for delivery of access targets and guarantees
- ii. Emergency Department – Medical Workforce
- iii. Paediatric Services – Medical Workforce

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

- enhance support within primary care / community services to help support increase in elderly population and to support ability to meet increasingly complex patient needs within the community/home setting
your list of priorities?

(c) you have withdrawn in 2013-14 (and why?).

No service developments have been withdrawn however continual drive for savings impacts on service resilience

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.)

	2012/13	2013/14
Childhood Healthy Weight Management	£ 0.116m	£ 0.116m
Adult Weight Management	£ 0.086m	£ 0.086m
Sexual Health / BBV / Hep C	£ 1.412m	£1.412m
Smoking Cessation	£ 0.456m	£ 0.456m
Dental Action Plan	£ 0.733m	£ 0.733m
Prison Oral Health	£ 0.038m	£ 0.038m
Immunisation Programmes		£ 0.500m

Keep Well

£ 0.306m

£ 0.451m

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

Whilst health improvement is anticipated from these activities which are evidence based such improvement is anticipated in the medium to long term and as such is unlikely to provide real cash savings/cost reduction over the lifetime of the current financial plan. The demographic change over the foreseeable future and the shift towards an older population base will potentially absorb efficiency gained from such initiatives

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

See response to Question 3

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)		
2012-13 (actual)		
2013-14 (planned)		

(a) Planned spend in 2012-13 £ 2.200m

(a) Actual spend in 2012-13 £ 2.251m

(b) Planned spend in 2013-14 £ 2.640m

Please note that funding is provided to cover new medicines approved in-

year : to cover increase in uptake of new drugs approved in prior years (up-take can increase over a five year period) and to cover specific high cost cases (not IPTR requests). This is not split at the start of the year between GP/Hospital but will be utilised wherever costs are incurred

6. For each individual patient request agreed in 2012-13 (relating to newly-licensed 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

A total of £ 50,380 has been spent on 6 IPTRs in 2012/13 the majority of which will continue into 2013/14. Due to the small numbers involved no breakdown has been provided on the grounds of patient confidentiality.

Reducing inequalities

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

The majority of services listed in response to Question 2 are aimed at reducing inequalities (with the exception of Immunisation programmes)

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

See response to Question 2

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

Information will be submitted under separate cover

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

Information will be submitted under separate cover

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?

Resource Transfer 2013/14 £ 18.562m covering services to Older People, Learning Disabilities and Mental Health

In addition the Change Fund totalling £ 4.153m for Older Peoples Services is hosted by the NHS but spend rest with health, local authorities or the voluntary sector

(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?

Approximately £ 0.500m transfer from Local Authority for services including psychology, Speech and Language Services, Drug Services

Equalities

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

Sustainable development

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

There is a conscious focus on the areas within the sustainable development strategy within local savings plans. The following are some examples

- reducing business travel including use of video links to avoid travel
- energy management
- space utilisation review of remaining sites
- waste management : reduce clinical waste tonnage
- mandatory nature of national procurement contracts