

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

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)

NHS Orkney has made a commitment to developing services on island, wherever possible and practicable, and to that end three significant developments which the Board is supporting in 2013/14 are:

(i) The provision of local CT Scanning facilities utilising a co-locatable scanner prior to the development of fixed CT scanning services within the new hospital development. Full year running costs are estimated at £350,000, with a planned implementation date of February 2014.

(ii) A small cost development, but high impact, is an additional two visiting cardiology clinics to be provided by NHS Grampian. This represents an increase of 50% of the clinics provided on island and will result in over sixty trips to Aberdeen now being replaced by services on island. In addition we are formalising arrangements for an existing VC clinic, specifically targeting review patients. These developments will cost approximately £10,000 in a full year. The VC clinic is already up and running and the additional visiting clinics will commence over the summer.

(iii) The development of local consultant led obstetrics and gynaecology services on island. Obstetrics and Gynaecology services have been provided on island utilising the skills and experience of local GPs with a special interest in obstetrics, supported by an NHS Grampian consultant. With staff turnover and the retirement of the Grampian consultant an internal review concluded that the recruitment of a local consultant supported by midwives represented the optimal model. A locum consultant has been in post for several months and a short term secondment from NHS Forth Valley will be joining us in June for a minimum of six months, whilst the recruitment process is concluded. Full year investment will be approximately £150,000.

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

Areas which the Board would like to invest in if funding becomes available include:

- (i) Additional cardiology nursing time;
- (ii) Additional diabetes nursing time; and
- (iii) Additional Learning Disability nursing time.

(c) you have withdrawn in 2013-14 (and why?).

No services have been withdrawn for financial year 2013/14. However the Board is developing its mechanisms for reviewing services and making decisions on service review.

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 following programmes are included in budget plans for 2013/14.

	<u>2012</u>	<u>2013</u>
Older people's change fund	£367,000	£367,000
Child Healthy Weight	£32,000	£32,000
Challenging Obesity	£20,000	£20,000
Keep Well	£99,000	£99,000
Childsmile	£47,000	£47,000
Hepatitis C	£25,000	£25,000
B.B.V	£44,000	£44,000

In addition to these specific programmes the Public Health department will support, and provide funding for, smoking cessation, £5000, screening services, £22,000, vaccination programme, £60,000. All of these figures are comparable to 2012 expenditure except for vaccination, where the £60,000 represents the additional cost of the new national programme. A significant element of the Alcohol and Drugs Partnership Funding (ADP) is invested directly in prevention. The amount varies from year to year as the ADP Strategy Group commissions services directly from health and third sector providers.

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

Due to the Health Intelligence capacity significant assessment of potential long term savings has not been fully developed locally. Use has been made of published assessments relating to preventative spend, e.g.

- (i) The CMO review -
<http://archive.scottish.parliament.uk/s3/committees/finance/inquiries/preventative/cmo.pdf>
- (ii) The Australian study of cost effective intervention -
http://www.sph.uq.edu.au/docs/BODCE/ACE-P/ACE-Prevention_final_report.pdf
- (iii) NICE and other guidance –
www.nice.org.uk/usingguidance/implementationtools/returnoninvestment/TobaccoROITool.jsp
www.nice.org.uk/ourguidance/otherpublications/costimpactinvestmentreturn.jsp
<http://www.jcpmh.info/commissioning-tools/cost-consequence/>

To date this has primarily been used financially to maintain preventative spend, and clinically to drive the clinical agenda towards a shift to preventative and early anticipatory care.

A specific piece of work has been undertaken through Orkney Health and Care (our partnership with Orkney Island Council) to review the impact of telecare installations in people's own homes. There are now in excess of 800 installations in Orkney. The installation of equipment is intended to reduce the risk of incidents in the home which may result in a hospital or care home admission.

The outcomes of the data collection exercise were:

- (i) A saving of 125 hospital bed days p.a.;
- (ii) A saving of 479 care home bed days p.a.;
- (iii) A saving of 172 independent living packages; and
- (iv) An avoidance of 9 residential care home packages.

Estimated savings from all of these elements exceed £125,000 p.a. (actual savings would be spread over both organisations).

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

Currently no development funds or required savings are predicated on the delivery of cash savings via preventative expenditure. Rather, the impact of preventative spend is factored into longer term financial models via a restriction on growth mechanism.

A good example of this in the planning for future bed numbers for the replacement Balfour Hospital facility. Although the exact mix of beds may change i.e. between acute and elderly, the total number of beds will remain static at 48. This is only possible if assumptions are made in relation to the impact of preventative spend and the consequential reduction in bed numbers required simply to cope with the demographic changes forecast for Orkney. It is currently planned that there will be a reduction in bed numbers, over existing levels, due to changes in working patterns, shorten lengths of stay and greater level of preventative and anticipatory care. Current planning assumptions are that preventative programmes will result in NHS Orkney requiring 10 less beds than the ‘do nothing’ planning scenario.

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)	Allowed for in overall growth figures	Allowed for in overall growth figures
2012-13 (actual)	Licensed use of known new drugs cannot be specifically extrapolated from prescribing data. However we know that we spend £1,250 on one new entity	Licensed use of know new drugs cannot be specifically extrapolated from prescribing data.
2013-14 (planned)	£7,000	£33,000

In the absence of an accepted definition of a ‘newly licensed medicine’ we are aware of medicines due to be reviewed by the Scottish Medicines Consortium (SMC) in 2012/13 and 2013/14, based on the Forward Look reports published by SMC.

For 2013/14 we have refined our budgetary provisions to look at specific products plus an allowance for general growth. This is the first year we have looked at this level of detail, so there is little data for previous years.

For newly licensed drugs expected in primary care for 2013/14 we have budgeted for a new anti-depressant and three other medicines with minor budgetary impact. These medicines will replace existing therapies so the overall effect will be minimal.

Within secondary care we have included costs for two new drugs to treat Multiple Sclerosis, assuming that these will be new and not replacement therapies.

- 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
None	None	N/A	None	None

Reducing inequalities

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

The key programme in regard to reducing inequalities is the keep well check. This was delivered via a Local Enhanced Service with GP practices, and through community nursing in the Isles Board administered practices.

During the period April 2011 – March 2014, NHS Orkney will be delivering Child Healthy Weight interventions in line with Scottish Government policy (H3 target). At least 40% of Child Healthy Weight interventions are required to be delivered to children/ families in the two most deprived SIMD quintiles.

NHS Orkney utilises a school based programme to achieve the Heat target, with provision of a supplementary 1:1 programme if required.

NHS Orkney has commissioned a sexual health service run by an independent GP practice (www.sexualhealthorkney.co.uk). This is delivered through a two year service level agreement and allows individuals in the outer isles (part of the most deprived SIMD quintiles in Orkney) access to sexual health services which are not provided by local general practitioners.

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

Service	2012/13	2013/14
Keep Well	£99,000	£99,000
Childsmile	£47,000	£47,000
Child Healthy Weight	£32,000	£32,000
Sexual Health	£45,000	£45,000

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

Health Scotland has requested reports on a range of process measures for Keep Well, no local additional measures to the Health Scotland indicators have been added.

- (i) Number of people who attend appointments expressed as a percentage of the local target;
- (ii) Number of first health checks undertaken for carers, expressed as a percentage of local target;
- (iii) Number of those attending for a health check with a ASSIGN risk score of 20% or above, expressed as a percentage of first and review health checks.
- (iv) 80% of pregnant women in each SIMD quintile will have booked for ante-natal care by the 12th week of gestation by March 2015;
- (v) At least 60% of 3 and 4 year old children in each SIMD quartile to receive two applications of fluoride varnish by March 2014.
- (vi) In view of the small numbers involved in the sexual health service specific outcomes for the clinic are included in the key clinical indicators outcome reporting for all Orkney, Local details are held around access and use of the clinic.

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

Heat Target data is captured and reported nationally, Keep Well information as previously reported as a Heat target, but is now in the embedding phase, number of checks undertaken is recorded.

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?

For 2013/14 the level of agreed Resource Transfer from Health to Local Authority will be £1,870,000 (inclusive of a 2.0% uplift for 2013/2014. In addition NHS Orkney will pay directly for a number of care packages, £150,000, which for historical reasons are in additional to the formal resource transfer.

Orkney Health and Care has asked for a formal review of the Resource Transfer to be undertaken but at time of writing services covered by the agreement are:

Service	Service Description
St Rognvalds House	A 44 bedded care home for the elderly located in Kirkwall. The Resource Transfer pays for 4 of the beds.
Sunnybrae	A Sheltered Housing shared tenancy facility.
Glaitness	A combination of supported accommodation, 7 houses, and day facilities located in Kirkwall. The Resource Transfer pays for the entire facility.
Keelylang	An intensive day centre for Learning Disabilities located in Kirkwall. The Resource Transfer pays all staffing costs.
Hoy core and cluster	6 houses and a day centre for the elderly on the island of Hoy. Currently only one house is occupied.
West Mainland Day Centre	A 5 day per week day centre located in Stenness offering 18 places for the elderly. The Resource Transfer pays for the entire facility.
Enable	4 people, in one house, supported in a home environment. The Resource Transfer pays for the entire facility.

(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?

No funding will be transferred from OIC to NHS Orkney in 2013/2014. OIC will pay their share of agreed shared Orkney Health and Care posts, and this may result in a transfer of funding based on invoices but no services will be specifically supported.

OIC participate in the Early Years Change Fund and the Alcohol and Drugs Partnership but to date only NHS resources have been identified for the programmes.

Equalities

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

- (i) Use of maternal history taking maternity pathways to continue targeted care for individuals based on need. Ongoing and provision of individualised plans based on need especially for venerable families;
- (ii) Scot-lite one to one intervention available for child health weight interventions for children with learning disabilities;
- (iii) Smoking cessation service establishing links with local job centre and offering drop-in services from a variety of local, accessible community venues.

Sustainable development

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

The budgetary impact of 'A Sustainable Development Strategy for NHS Scotland' has been more evident, to date, in the allocation of capital budgets, than revenue. However this is changing as the impact on sustainability as well as finance becomes more understood.

NHS Orkney engages directly with local communities, especially the isles, and this has led directly to the establishment of services requested by those communities. Engagement follows a coproduction model and has resulted in services such as the Responder Model on Shapinsay and the Isles Network of Care, a service of interlinked Board administered GP practices covering the isles, recognising that individual, single handed practices cannot be sustained.

Further issues that have been directly impacted by consideration of sustainability include:

- (i) Inter island travel for patients and staff. The diesel ferries have been identified as the single biggest contributor to our carbon footprint. A two year programme to replace all the VC kit on each island will be completed during 2013/14. In addition the budgetary impact of dedicated VC 'N3' connections is currently being assessed, this would significantly increase the quality of VC traffic;
- (ii) Inefficient oil fired heating systems are being replaced, in one particular instance with a move to kerosene from heavy fuel oil;

- (iii) Our procurement policy now requires consideration of sustainability issues, with our default position being purchase from the National Distribution Centre resulting in only one delivery per week for a great many of our stock items;
- (iv) We have changed technology within IT to more energy friendly desk tops and servers;
- (v) We have been awarded the Gold standard for Healthy Working Lives, which recognises the Board's contribution via healthy canteen menus, relationships with local healthy living centres and participation in the cycle to work scheme.