Dear Mr Macdonald,

HEALTH AND SPORT COMMITTEE – NHS LOTHIAN EVIDENCE SESSION

Thank you for your letter of 22 May 2018 seeking further information associated with NHS Lothian’s attendance at the Health and Sport Committee on 24 April 2018.

Please find detailed below responses to the further questions raised by Committee members.

Finance

Bridging Finance and Shift of Resources
The evidence required to demonstrate the impact of shifting the balance of care would be based on a shift in activity which would allow reduction in capacity within an acute setting. This would include for example a reduction in the rate of delayed discharge and emergency admissions which are performance measures for Health and Social Care Partnerships to deliver. The resource to support this would be dependent on the service model to be deployed in the non-acute setting. This would require to be costed before implementation.

Mitigation Against Pressures and Increase in Productivity
Mitigation against the upward pressure relates to the management of increasing health need. In broad terms, efficiency is achieved by delivering the same capacity at lower cost, and this is an appropriate approach where demand for health services is stable. Where demand is growing, reducing expenditure can be challenging, however efficiency can be delivered through increasing capacity using the same resource envelope. This is a key tenet of the improvement programme. The Theatres Improvement Programme and the Laboratories Review are good examples of NHS Lothian pursuing
opportunities to deliver productivity gain without releasing cash savings.

**When will the assessment of the impact of Brexit be completed?**

NHS Lothian is undertaking an initial assessment of the issues associated with the impact of Brexit to be considered. Areas under assessment include workforce, nuclear medicine including diagnostic and treatment and other scarce items, regulation of medicines, procurement and the supply chain, cross border co-operation on public health matters, access to treatment in the UK and Europe and impact on the economy. This initial assessment has been completed and will be considered at NHS Lothian’s Risk Management Steering Group.

**Strategic Planning**

**How are the medium and longer term propositions within NHS Lothian’s 10 year strategic plan monitored and reported?**

NHS Lothian has two major summaries of its strategic planning approach – Our Health, Our Care, Our Future (2014), outlines the whole system approach driving the development of NHS Lothian services, and signalled that NHS Lothian would seek to concentrate its inpatient services onto four acute campuses – the Royal Edinburgh Hospital, The Royal Infirmary of Edinburgh, St John’s Hospital, and the Western General Hospital. In January of 2017 the Board accepted the work summarised in The Lothian Hospitals Plan, which lays out the specifics of what each hospital campus will concentrate on. These, together, guide the service development and the capital developments on the campuses, and guide which other sites we intend to move away from.

NHS Lothian has a Strategic Planning Committee (SPC) which is charged with guiding the further development and implementation of these plans, and this has a standing section on its agenda relating to the Lothian Hospitals Plan and ensuring that progress is appropriate against the propositions in these plans, and further that these propositions remain strategically coherent. SPC has an annual session focussing on progress against the Plan.

SPC is also the organisational nexus for NHS Lothian and its four IJB partners. The Committee has a standing section on its agenda on “integration” where Directions from IJBs and other propositions from IJBs are considered and NHS Lothian’s performance against Directions is discussed. The Chief Officers of IJBs are in attendance at SPC (for all parts of the agenda) and the senior NHS Lothian non-executive directors on the 4 IJBs are members of SPC – currently this includes 3 chairs and 1 vice-chair. The Chairman of NHS Lothian chairs the SPC.
This focus on strategic coherence has also led to the development of a series of bespoke planning tools for use in NHS Lothian and its four IJB partners. This includes a capital prioritisation process, which prioritises all major capital propositions across NHS Lothian and the health components of its 4 health and social care partnerships and has consequently revised the NHS Lothian capital plan, with clear expected timescales for delivery, as well as a sustainability tool named the "Lothian Box". These are in regular use across the SPC agenda.

**Regional Planning**

**How does the centralisation of specialties for SE Scotland impact on IJBs in Boarders and Fife?**

Providing and planning hospital services for local communities remain the responsibility of Borders and Fife Integration Joint Boards with their respective NHS Boards via their strategic plans and directions; should any changes to regionally provided services within NHS Lothian impact on Borders and Fife, the regional planning and delivery arrangements which have been put in place allow for discussion and agreement of changes with NHS Boards and IJBs.

**Regional Planning Key Workstreams**

Four main work programmes have been established by the East Region Programme Board to take forward delivery of the health and social care delivery plan and national clinical strategy:

- **Acute Services Programme**, with a focus on our most problematic elective and diagnostic specialities and implementation of Scottish Government policy. These include laboratories; radiology; orthopaedics; ophthalmology; regional trauma network / major trauma; elective treatment centres; gastro-endoscopy; urology.

- **Primary, community and social care** to look at potential economies of scale and learning opportunities across the IJBs in the region – including collaborative commissioning on social care; mental health; realistic care/medicine and anticipatory care; working differently and new models of care in primary care.

- **Prevention and population health** with a focus on major preventive strategies that will meet the triple aim of better health, better care and better value – prevention and
remission of Type 2 diabetes has been agreed as the first major priority via an inter-agency East region Partnership.

- Business support services, with a focus on accelerating efficiencies and integration across health boards – commencing with HR/workforce; Finance – payroll and procurement and eHealth

**Who is Driving the Regional Planning Objectives?**

The regional planning objectives are co-owned and driven by a number of factors including for example: changing demographics; population needs and desire to improve health of our population; workforce challenges; access and performance issues; financial picture; Scottish Government policy directives among others.

The approach has been to build and develop collaborative leadership to shape and deliver against objectives with clinical colleagues, NHS Boards and IJBs, and widening to work with Local Authorities. We operate within the framework of the National Health and Social Care Delivery Plan/ National Clinical Strategy; three regional plans and local Board and IJB strategic plans.

**Workforce Planning**

**How does NHS Lothian feed into Scottish Ministers areas of skills gaps to inform setting intake targets?**

NHS Lothian submits workforce projections to the Scottish Government annually reflecting the funded changes agreed as part of the NHS Lothian Financial Plan. This includes changes in the medium term where workforce changes have been agreed such as the reprovision of the Royal Hospital for Sick Children and Department of Clinical Neurosciences. NHS Lothian also produces an annual workforce plan in line with national guidance which is made available to the Scottish Government and publicly. This plan sets out in detail both the workforce supply and demand challenges, faced in the medium and longer terms, including a detailed action plan to support service sustainability.

As part of the annual local delivery plan/annual operational plan areas of key workforce risk are highlighted to the Scottish Government.
The regional health and social care delivery plan which has been submitted to the Scottish Government provides an overall workforce profile of the region including both health and social care including areas of challenge. The individual clinical work streams within the plan also include specialty workforce profiles which look at future training pipelines.

NHS Lothian is also represented by the Head of Workforce Planning in a Board and Regional capacity on the Scottish Government Student Nursing Output Group which advises Scottish Ministers on the level at which intakes should be set. NHS Lothian has been active in highlighting to the Group the importance of ensuring training numbers reflecting the considerable demographic challenges within nursing associated with an ageing workforce. The NHS Lothian Executive Nurse Director has also taken a proactive role in addressing growing shortages within theatres staffing through establishing a national collaborative approach to developing a new Operating Department Practitioner training programme following the loss of the existing national programme.

NHS Lothian is also represented on the Scottish Government Shape of Training Transitions Group which nationally sets the medical specialty training numbers through the East Region Workforce Planning Director. This in turn links with the East Region Workforce Planning Group, which leads on medical workforce planning in the region.

NHS Lothian and the East Region also have the ability to feed into the National Workforce Planning Group through the East Region Workforce Planning Director.

There are also other professional routes through which NHS Lothian can feed into the Scottish Government to inform intake targets such as the Scottish Executive Nurse Director (SEND) Group and Scottish Association of Medical Directors (SAMD).

For professions such as Allied Health Professions and Healthcare Science where undergraduate/post graduate numbers are not directly controlled by the Scottish Government NHS Lothian is more limited in the extent to which it can influence university intakes.
Targets, Delays and Waiting Lists

What Performance levels are expected to be achieved in 2018-19?

As part of our 2018-19 Annual Operational Plan we submitted trajectories for out-patients that show we anticipate 33,994 patients over 12 weeks by end March 2018 and 3,662 In-patients over 12 weeks by end March 2019. These trajectories are based on NHS Lothian continuing to undertake waiting list initiatives at the same level as last year.

NHS Lothian is currently working via the national procurement framework and with Scottish Government colleagues on the understanding we will receive the same non recurring access funding as last year (£7.4m) to purchase additional external provider capacity to reduce the number of patients waiting over 12 weeks. This additional capacity will be focussed on our highest risk specialties, and once capacity is finalised trajectories will be amended to reflect this and submitted to Scottish Government access team.

What are waiting list initiatives, how much do they cost and what is the comparative in-house cost where private providers have been used?

The term “Waiting List initiatives” refers to additional clinics and operating lists which are provided during evenings and weekends, usually involving payment of overtime rates to existing workforce in order to maximise use of the existing NHS facilities (operating theatres, etc.). Costs range from approximately £50 for an outpatient appointment to £900 average for a surgical procedure.

Where independent sector hospital providers are used this is ordinarily because there is no scope to further increase NHS capacity. Costs for independent sector are typically charged at a tariff rate that includes the full cost of service provision. As an example, outpatient costs average £100 per appointment; treatment costs vary based on individual requirements with average costs just under £2,000 per patient episode. Direct comparison with in-house costs is difficult because of the range of treatments offered and the complexity of casemix variation.
Accident and Emergency (A&E)

What changes are being made in collaboration with Integration Joint Boards (IJ Bs) to address the issues being explored?

In addition to the actions detailed in briefing submission, other work being taken forward in collaboration between acute and IJB’s to reduce A&E attendances are:

- Discharge hub remodelled with complex discharge co-ordinator roles now established for all specialities across Acute. Weekly reports in place with a focus on all patients over 14 days. The complex discharge co-ordinator follows these patients and any other patient requiring support at home with Health & Social Care (H&SCP) colleagues.
- Discharge hub working with Edinburgh H&SCP to avoid delays in accessing Gylemuir residential care capacity.
- Hospital at Home established in South Edinburgh with an ongoing pilot in North East Edinburgh.
- Acute have daily access to H&SCP reports on patients suitable to be ‘pulled’ from acute care to community settings. Regular contact between the hub and H&SCP’s.
- Surgical hot clinics in place allowing for discharge to assess to take place
- Length of stay project Royal Infirmary of Edinburgh (RIE) will include offering enhanced assessment pathways for GP’s
- Home first practitioner service within the emergency department (RIE), acute medical unit and surgical observation unit where patients who require 1-2 medical interventions that can be delivered in the community and subsequently avoid admission
- Orthopaedic supported discharge programme - team of Allied Health Professionals and Care Support Workers support the transition to home then to community colleagues where necessary
- Representation on H&SCP planning groups (RIE representative on the Midlothian Group) and discussions takes place collaboratively to develop community respiratory support, pull out from stroke and Medicine for the Elderly.
- Whole system improvement via NHS Lothian Unscheduled Care Committee with refreshed Terms of Reference and meeting construct to change culture to that of continuous improvement alongside scrutiny of performance.
- RIE working with Midlothian to develop site capacity role to meet demands of service.
- Across Midlothian there is a sustained focus on two areas: Frailty and Chronic Obstructive Pulmonary Disease (COPD)
- Frailty - Utilising the electronic frailty index to identify people living with frailty to create a proactive tiered system of care. Dedicated analytical support will establish how this population use health and care services.
- Midlothian is also using a Quality Improvement Programme to develop tests of change due 2018 and successful tests will be scaled up across Midlothian. The programme starts in August with 80% of Midlothian practices involved.
- Current actions/activities underway:
  - Data-led partnership with Practices and British Red Cross to assess and support up to 1400 estimated to have mild frailty.
  - Frailty Multidisciplinary Meetings with GP, District Nurses, Social Work, Occupational Therapy, Midlothian Emergency Rapid Response Intervention Team (MERRIT), Red Cross and Day Centre
  - Potential to use data in A&E with the Home First Practitioner
  - Potential to use data and Key Information Summary (KIS) to develop an in-hours pathway from Scottish Ambulance Service (SAS) to General Practice for patients identified with frailty.
  - COPD: Transform the current COPD service in MERRIT (which takes referrals from RIE and is not available to Practices) into a Community Respiratory Service. A similar model is well-established in Edinburgh.
- The Flow Centre is due to expand its remit to support West Lothian.
- West Lothian is a member of the national collaborative and is participating in a test of change across observations wards in St John's Hospital to screen frail elderly patients in an effort to expedite discharge.
- West Lothian/St John's Hospital is localising discharge to access principles across the Health and Social Care Partnership to support the delivery of delayed discharges, and overall discharge to assess pathways.
- Currently reviewing the impact of the additional respiratory physiotherapist that was put in place in the Rapid Elderly Assessment Care Team (REACT) as part of the COPD collaborative to understand if there is a business case for recurring funding to support continuation of this role.
- City of Edinburgh Council discusses all patients admitted through an admissions report (of last 24 hours) and are focused on 'pull' of patients from hospital services. This is done in an Multidisciplinary Team (MDT) way and ensures there is representation from acute hospital services (RIE and WGH). This is a focused exercise identifying people we know or think we can support and discharge within a 24, 48 and 72 hours time frame.
- Continued work with the Anticipatory Care Planning project team around up to date Key Information Summary for Care Homes. City of Edinburgh Council is focusing on those with high admissions and have had positive results re-ducing admissions
- Renewed focus on delays around meeting the standards relating to social work allocation and assessment across Edinburgh
- Edinburgh city wide focus on care homes and have greatly reduced the number waiting for placement from hospital
- City of Edinburgh Council are actively partnering up with locality assets e.g. a care home has offered facilities for therapists to carry out rehab as day case which may allow earlier discharge – evaluation to follow.
- City of Edinburgh Council is working with the 3rd sector to support and maintain individuals at home who do not have critical care needs requiring support or emergency admission

When does NHS Lothian expect improvement in A&E perfomrance to be made?

NHS Lothian has seen an improvement in 4 hour performance since March 2018:
- March 75.3%
- April 82.3%
- May 86.2%

The main area of pressure remains at Royal Infirmary Edinburgh, who have an active programme of improvement in place to test and embed practices including:
- Introduction of an ambulatory care clinic
- A focussed programme to reduce length of stay to support whole site flow
- Flow co-ordinator to support within Emergency Department flow established with a designated consultant in charge role
- Revised process for bed booking in the Emergency Department and escalation when required
- Test of a short stay observation unit
- Boarding co-ordinator role to avoid risk associated with boarding i.e. increased Length of Stay
- Improvement plan for Emergency Department
- Refresh of daily dynamic discharge and criteria led discharge
- Acute medical interface team in Emergency Department who review GP referrals (demonstrating a reduced admission rate for this group of patients)
What are the proposals relating to GP practices identified as above average referrers?

In East Lothian, the Collaborative Working for Immediate Care (CWID) service in Riverside Practice within Musselburgh Primary Care Centre is showing early positive results on A&E presentations and marked reductions in orthopaedic referrals. The Primary Care Improvement Plan (PCIP) for East Lothian commits to exploring roll out of the CWIC service across the county.

There are a number of community focussed initiatives in East Lothian which are positively influencing A&E presentation rates, lengths of stay and delays in discharge. These are:
- The nurse-led Care Home Team which supports care home residents with routine primary care needs and during acute illnesses, avoiding unnecessary admissions.
- The PCIP will also explore further expansion of the team.
- The Hospital at Home Team which supports people at home to stay out of hospital; and the Hospital to Home Team which supports people in getting home from hospital.

- Across West Lothian there have been renewed efforts to evaluate and create a robust sign posting system with posters in practices to divert patients to the most appropriate services.
- Updated triage guidance is being used by GP receptionists across West Lothian to actively divert patients to the most appropriate clinician, nurse or health care worker to ensure timely access to advice and support.
- Additional resource has been put in place within practices to support primary care prescribing.
- Additional 30 whole time equivalent pharmacists and 5 whole time equivalent pharmacy technician post have been introduced to general practices during the past year. Pharmacy workplans are aligned to practice needs and H&SCP plans and priorities.
- Paramedic support has been introduced in a small number of West Lothian practices.
- Across City of Edinburgh Council Anticipatory Care Planning test of change focussing on individuals in North East Edinburgh who have early onset multi-morbidity / multiple and complex physical and mental health needs who were also presenting frequently to unscheduled care services.
- Significant improvements- reduction in A&E attendances have been evaluated using the Scottish Ambulance Service falls pathway.
Delayed Discharge

In recent months the total number of delays has risen from 239 in October 2017 to 304 in March 2018. However it should be noted that there is always a seasonal trend in delayed discharge numbers and that winter 2017/18 saw higher than normal winter emergency admissions and higher than normal winter flu admissions which disproportionately affect the elderly and which has a knock on impact for the number of delayed discharges.

**Delayed Discharge figures in Lothian are almost 3 times higher than Greater Glasgow and Clyde. Why is there such a difference and when will this reduce?**

There are unique challenges in Lothian which are not seen in Greater Glasgow and Clyde. Edinburgh and East Lothian in particular have large “self funding” numbers of care home residents which can reduce the attractiveness of Council funded places and impacts on availability of care home places. The whole of Lothian has high employment levels and this reduces the attractiveness of a career in care at home services. Social care providers is also an issue relating to poor rates of pay and terms and conditions which impacts on providers ability to recruit and therefore on availability of care packages.

**What is the prediction of Delayed Discharge for the remainder of 2018-19?**

All Lothian IJBs have submitted to the Scottish Government Ministerial Steering Group 2018-19 objectives outlining a percentage reduction in levels of delayed discharge occupied bed days. These objectives have been submitted to the Health and Social Care Performance Team, National Services Scotland Information Services Division who are in the process of outlining 2018-19 trajectories to support national quarterly performance reporting.

**What conditions have been attached to the £8m investment and how will additional spending be monitored for outcomes?**

NHS Lothian in partnership with City of Edinburgh Council is continuing dialogue with the Edinburgh Health and Social Care Partnership and is awaiting receipt of proposals from the partnership outlining their plans for NHS Lothian’s investment of £4m delayed discharge funds to secure additional community capacity leading to a subsequent reduction in delays.
Who is accountable for the failure to reduce levels of delay?

The NHS Board is accountable (for whole Board performance), the IJBs are accountable (for each Health and Social Care Partnership performance) and Councils are accountable. This is reflected in the fact that government has ensured all these parties have delayed discharges in the targets that are set for them.

Accountability

Has NHS Lothian’s accountability approach i.e. Chief Executive NHS Lothian, Chief Executive Councils and Chief Officers all accountable.

Has NHS Lothian’s approach to accountability been approved by the Scottish Government?

As stated above, NHS Lothian approach to accountability is through a tri-party collaboration given provision of health and social care services involves NHS Lothian, the four Lothian Health and Social Care Partnerships and the four Lothian Local Authorities.

MSP Informal Briefing Sessions.

Will the informal briefing sessions be resumed?

NHS Lothian used to offer regular scheduled meetings with MSPs to discuss issues of concern elected members wished to raise. I attended these with Chief Executive Tim Davison and other members of our Executive team The meetings were discontinued because MSP attendance was routinely very poor. However, in the light of your comments we shall canvas demand and if there is commitment to attend we will reinstate them. In the meantime we are always happy to respond to requests to meet with MSPs when the need arises.

I trust the additional information provided in response to further questions from Health and Sport Committee members will meet their requirements.
Yours sincerely

[Signature]

JAMES CROMBIE
Interim Chief Executive