NHS Lothian – Briefing Submission

Scottish Parliament Health and Sport Committee
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1. **NHS Lothian Strategic Context**

The most recent national records population projections indicate NHS Lothian currently serves a population of circa 887,903 which is expected to increase to 929,225 (41,332 individuals) by 2024.

**Table 1 NHS Lothian Population Projections 2018 – 2024 By Age**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Projected Population 2018</th>
<th>Projected Population 2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-15</td>
<td>150,916</td>
<td>157,821</td>
</tr>
<tr>
<td>16-64</td>
<td>590,085</td>
<td>603,274</td>
</tr>
<tr>
<td>65-74</td>
<td>81,276</td>
<td>87,859</td>
</tr>
<tr>
<td>75-84</td>
<td>46,898</td>
<td>57,652</td>
</tr>
<tr>
<td>85+</td>
<td>18,728</td>
<td>22,619</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>887,903</strong></td>
<td><strong>929,225</strong></td>
</tr>
</tbody>
</table>

Health services in Lothian have been designed or have evolved historically to serve much smaller numbers of people and a different age profile than is now being experienced. Lothian population percentage growth projections by age group to 2024 are outlined in the graph below.
While the overall health of people is improving, with fewer deaths, the incidence and prevalence of some diseases is increasing for example cancer and diabetes. There are also significant inequalities, meaning people living in the most affluent communities in Lothian can expect to live 21 years longer than people living in the most deprived communities. People living in deprived communities develop multi-morbidity 10 to 15 years earlier than the least deprived. We also know that, while those aged over-65 years have two or more conditions, and individuals aged over 75 years have three or more conditions, multi-morbidity is not just experienced by older people as outlined in Table 2 below.

There are more people aged under 65 years with multi-morbidity than those aged over 65 years, this is a major factor associated with continual rising demand for access to healthcare services in Lothian. In addition, the growth in the younger population is also having a major impact on demand for Child and Adolescent Mental Health Services (CAMHS).

### Table 2 Multi-Morbidity By Age

![Multi-Morbidity By Age Graph]


#### 1.2 NHS Lothian Strategic Plan 2014-2024

In Lothian, there are four Acute Hospitals; Royal Infirmary of Edinburgh, Western General Hospital, St John’s Hospital and the Royal Hospital for Sick Children. There are also nine Community Hospitals providing a range of services including the Royal Edinburgh Hospital, Royal Victoria Building, Astley Ainslie Hospital, Midlothian Community Hospital, Roodlands /East Lothian Community Hospital, Tippethill Hospital, Princess Alexandria Eye Pavilion, Lauriston Building and the Chalmers Centre.
NHS Lothian published its strategic plan; Our Health, Our Care, Our Future towards the end of 2014 which sets out NHS Lothian’s vision to provide safe, effective and patient centre services, recognising achievement of this plan can only be delivered through different ways of working and being more willing to innovate.

Table 3 System Change to Deliver Strategic Change

<table>
<thead>
<tr>
<th>Current System</th>
<th>Future System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geared towards acute / single condition</td>
<td>Designed around people with multiple conditions</td>
</tr>
<tr>
<td>Hospital Centred</td>
<td>Located in communities and their assets</td>
</tr>
<tr>
<td>Doctor Dependent</td>
<td>Multi-professional and team based care</td>
</tr>
<tr>
<td>Episodic Care</td>
<td>Continuous care and support when needed</td>
</tr>
<tr>
<td>Disjointed Care</td>
<td>Co-ordinated and integrated health and care</td>
</tr>
<tr>
<td>Reactive Care</td>
<td>Preventative and anticipatory care</td>
</tr>
<tr>
<td>Patient as passive recipient</td>
<td>Informed and empowered patients and clients</td>
</tr>
<tr>
<td>Self-care infrequent</td>
<td>Self-management / self-directed support</td>
</tr>
<tr>
<td>Carers undervalued</td>
<td>Carers are supported as full partners</td>
</tr>
<tr>
<td>Low technology</td>
<td>Technology enables choice and control</td>
</tr>
</tbody>
</table>

A link to NHS Lothian’s Strategic Plan 2014-2024 is available below.


The interdependency between NHS Lothian’s Strategic Plans and Integration Joint Board Strategic Plans and Directions is demonstrated in the diagram below.
Our Health, Our Care, Our Future 2014 – 2024 outlines a number of short and longer term propositions to support aims relating to improving the quality of care, person-centred services and improving health and tackling inequality. Examples of achievement of some of the short term propositions within the strategic are outlined below:

- **Lothian House of Care** has been established to bring pathway redesign, patient centred care and supported self-management in a number of early adopter sites who are supporting a house of care approach for those with long term conditions such as heart disease and diabetes.

- **Modernisation of acute mental health services**, phase 1 of the Royal Edinburgh Hospital re-provision was completed in Autumn 2017.

- **Development of services for individuals with diabetes**, enhanced service investment of circa £300,000 per annum to support the management of non-complex type 2 diabetes within a primary care setting. This supports a shift in the balance of care and quality improvement as services outcomes are aligned to delivery of the National Diabetes Improvement Plan quality indicators.

- **Self-management of Chronic Obstructive Pulmonary Disease**, service redesign to support provision of a pan Lothian pulmonary rehabilitation service to ensure equity of service across Lothian. Pathway redesign associated with community respiratory teams has supported a reduction in unscheduled care admissions relating to respiratory disease.

- **Primary Care Premises**, capital investment of £55.4m over the past 4 years to support development of primary care premises, projects delivered include Wester Hailes Health Living Centre, Gullane Surgery, West End Surgery, Leith Surgery, Loanhead Medical Practice, Blackburn Partnership Centre, Allermuir Health Centre, Pennywell All Care Centre, Ratho Surgery, new practices at Tollcross Health Centre and Newtownrange Surgery and extensions to practices at Tranent, Liberton, Prestonpans and South Queensferry.

- **Lothian Prescribing Plan**, primary care transformation funds have supported recruitment of an additional 30 pharmacist and 5 technician whole time equivalent posts to support general practices, quality clusters and health and social care partnerships. The additional staff have supported delivery of in excess of £4m efficiency savings.

- **Model of Emergency Care at Western General Hospital**, a Western General Emergency Access Group was established in 2015 who sponsored an Unscheduled Care Summit in 2016 to support improvement in the quality of care, patient flow through the site, reconfiguration of hospital bed profile to meet emergency demand and to increase staff awareness and engagement relating to site improvement activities. The group continues to meet fortnightly to review capacity and demand.

- **Expansion in capacity of the Acute Receiving Unit** at Royal Infirmary of Edinburgh by an additional 8 spaces.

- **The re-provision of the Corstorphine Campus** incorporating Murraypark Nursing Home was completed in December 2017.

- **Children and Young People (Scotland) Act 2014**, there is a requirement to increase health visiting staffing levels by 38% by 2019 to support implementation of the Act. NHS Lothian is on trajectory to achieve additional
health visitor appointments and has supported 43 health visitor studentships to be delivered during 2017-18.

- Financial Balance, despite a range of financial pressures, NHS Lothian achieved financial balance in 2015-16 and 2016-17.

1.3 Lothian Hospitals Plan

Building on the work done through Our Health, Our Care, Our Future we have developed a NHS Lothian Hospitals Plan which defines the strategic direction for NHS Lothian’s acute hospital services (Royal Edinburgh Hospital, St. John’s Hospital, Western General Hospital, Royal Infirmary of Edinburgh) over the next five to ten years.

Table 4 Lothian Hospitals Plan – Strategic Headlines

<table>
<thead>
<tr>
<th>Site</th>
<th>Strategic Headline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Edinburgh Hospital</td>
<td>Edinburgh’s inpatient centre for highly specialist mental health, physical rehabilitation, and learning disability services, incorporating regional and national services</td>
</tr>
<tr>
<td>St John’s Hospital</td>
<td>An elective care centre for Lothian and for the South-East Scotland region, incorporating highly specialist head and neck, plastics, and Ear, Nose and Throat services.</td>
</tr>
<tr>
<td>Western General Hospital</td>
<td>The Cancer Hospital for South-East Scotland, incorporating breast, urology, and colorectal surgery</td>
</tr>
<tr>
<td>Royal Infirmary of Edinburgh</td>
<td>South-East Scotland’s emergency care centre, incorporating a major trauma centre, orthopaedic services, neurosurgery, and children’s tertiary care</td>
</tr>
</tbody>
</table>

The table below summarises progress and the status of a number of work streams associated with Our Health, Our Care, Our Future 2014-24 and the Lothian Hospitals Plan from March 2016 to March 2017.
### Table 5 Lothian Hospitals Plan – Status at March 2016

<table>
<thead>
<tr>
<th>Work to Be Done</th>
<th>Finalising the Case</th>
<th>Moving to Implementation</th>
<th>Implementing</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Specialties</td>
<td>Liberton</td>
<td>Princes Alexandra Eye Pavilion</td>
<td>RHSC / DCN</td>
<td></td>
</tr>
<tr>
<td>Elective Options</td>
<td>Outpatients Building</td>
<td>Major Trauma</td>
<td>Royal Edinburgh Hospital Phase 1 and 2</td>
<td></td>
</tr>
<tr>
<td>Elective Centres</td>
<td>Mortuary</td>
<td>Elective Orthopaedics</td>
<td>Learning Disability Redesign</td>
<td></td>
</tr>
<tr>
<td>Regional Infectious Diseases Unit</td>
<td>WGH Critical Care</td>
<td>Laboratories Automation</td>
<td>St John’s Hospital Ward 20</td>
<td></td>
</tr>
<tr>
<td>Edinburgh Cancer Centre</td>
<td>Robotics</td>
<td>Linear Accelerator Capacity</td>
<td>RIE Stroke Unit</td>
<td></td>
</tr>
<tr>
<td>Individual Hospital Plans</td>
<td>St John’s Hospital Theatres</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 6 Lothian Hospitals Plan – Status at March 2017

<table>
<thead>
<tr>
<th>Work to Be Done</th>
<th>Finalising the Case</th>
<th>Moving to Implementation</th>
<th>Implementing</th>
<th>Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>(new projects)</td>
<td>Edinburgh Cancer Centre</td>
<td>Elective Centres (including SJH capacity)</td>
<td>Princess Alexandra Eye Pavilion</td>
<td>RHSC / DCN</td>
</tr>
<tr>
<td>Regional Infectious Diseases Unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mortuary provision</td>
<td>Elective Options</td>
<td>Major Trauma</td>
<td>Royal Edinburgh Hospital Phase 1 and 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Linear Accelerator Capacity</td>
<td></td>
<td>St John’s Hospital Ward 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RIE Stroke Unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Western General Hospital Critical Care</td>
<td>Laboratory Service</td>
<td>Individual Hospital Plans</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Learning Disability Redesign</td>
<td>Lothian Hospitals Plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Liberton Hospital Reprovision</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Out Patient Building</td>
<td>Robotic</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Royal Edinburgh Hospital Phase 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In addition to the progression of the acute and community hospitals development such as the East Lothian Community Hospital development at the current Roodlands Hospital site, each of the four Integration Joint Boards have also developed their own strategic plans. Information on the ambitions set out within these plans can be found later in this submission.

1.4 Developing a Health and Social Care Plan for the East Region

To support implementation of the NHS Scotland Health and Social Care Delivery Plan, the Scottish Government requested NHS Boards to work collaboratively to develop an East Regional Plan involving NHS Lothian, Fife and Borders and supported through engagement with the six Integration Joint Boards across the East region.

The five objectives associated with the East Region Plan are:
- Shift the balance of care and investment from hospital care to primary and community care settings;
- Shift the emphasis of our system upstream from treatment of illness to prevention of ill health;
- Improve access to care and treatment in unscheduled and elective care;
- Improve quality of care and patient experience;
- Deliver recurring cash savings each year of 6% to deliver financial balance and to respond to demographic change

The work streams that are being actively pursued within the region encompass:
- Primary, community and social care, within this a significant focus on the management and prevention of diabetes
- Acute services (incorporating laboratory medicine, elective strategy, major trauma, gastroenterology, ophthalmology, and orthopaedics)
- Regional Business Support Services
- Prevention and addressing the social determinants of health
- Finance
- HR and workforce
- Communications and engagement
- eHealth/digital

The September 2017 progress report on the development of the plan highlighted a degree of frustration that work on the propositions included in the plan made marginal improvements to existing models of care rather than generating the genuinely transformative propositions to deliver the disruptive innovation required to address the demographic, financial and workforce challenges faced.

A further update progress report to March 2018, highlights important progress in the work streams initiated examples include:

- Development of an Initial Agreement for the provision of an Elective Orthopaedics Service in Fife
progressing the business case for a new ophthalmology centre to replace the
princess alexandra eye pavilion and for the creation of an elective centre in
the region
progressing a regional wide approach to laboratories
exciting emerging work in artificial intelligence to triage gastrointestinal
endoscopy referrals, one of our greatest waiting time pressures and patient
safety concerns
an ambitious commitment to reduce the incidence of type 2 diabetes
adoption of a ‘once for the region’ approach to workforce which will lead to
the establishment of a regional staff bank for medical and nursing roles

there are however, a number of significant challenges in reconciling simultaneously
the three objectives of delivering financial balance, shifting the balance of investment
from hospital to primary and community services and improving access to hospital
treatment and diagnostics.

1.5 Workforce Planning

NHS Lothian Workforce Challenges that Impact on Delivery
NHS Lothian has in the main a relatively strong position in recruiting and retaining
staff, reflecting a positive employment experience for staff. NHS Lothian also
provides a wide range of training opportunities for medical, nursing, allied health
professions and healthcare sciences across a wide range of specialties. There are
however areas where vacancies and gaps in the workforce can impact on the
delivery of treatment times guarantees and other targets.

Medical Workforce Challenges
At an overall summary level for the year to date there is a relatively small variance
(5.5%) between the budgeted establishment and the average whole time equivalent
(wte) in-post. Whilst this demonstrates that there are generally not substantial gaps
within the medical workforce there are a number of exceptions within smaller
specialties and sites where vacancies can have a disproportionate impact and gaps
have been throughout the financial year.

Table 7 Shortage specialties in the year to date (February 2018)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Establishment</th>
<th>Year to date</th>
<th>Vacancies (wte)</th>
<th>Vacancies (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urology WGH</td>
<td>18</td>
<td>13.23</td>
<td>4.77</td>
<td>27%</td>
</tr>
<tr>
<td>Dermatology</td>
<td>13.68</td>
<td>9.46</td>
<td>4.22</td>
<td>31%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>29.6</td>
<td>25.79</td>
<td>3.81</td>
<td>13%</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>28.8</td>
<td>24.85</td>
<td>3.95</td>
<td>14%</td>
</tr>
<tr>
<td>Anaesthetics</td>
<td>140.51</td>
<td>132.72</td>
<td>7.79</td>
<td>6%</td>
</tr>
</tbody>
</table>

There are also currently gaps within Anaesthetics with 10 wte vacancies (7.43%)
vacancies across sites in Lothian and there would appear to be a growing challenge
in recruitment with the inability to recruit to any of the locum posts and only partial
success in appointing to full-time posts. There are likely to be particular challenges
in the medium term with 25wte (20%) at or beyond retirement age in the next 5 years.
during which timescale there will be the development of 5 elective treatment centres across Scotland which will require an increase in anaesthetists which has not been built into national training numbers. There are also currently 4 consultant gaps within radiology which impacts on the diagnostic element of cancer pathways.

There have also been vacancies within Emergency Medicine at the Royal Infirmary of Edinburgh with vacancies of 2.55wte for the year to date which represents 13% of the 20.37wte establishment.

There has been recent partial success in filling vacant posts within Urology and Orthopaedics, which will be positive however there are currently insufficient numbers in training to balance requirements in the medium term in the case of Urology. The gaps in capacity impact on services ability to meet treatment time guarantees and increases reliance on supplementary staffing, waiting list initiatives and utilisation of independent sector capacity.

**Nursing Workforce Challenges**

There are significant workforce capacity pressures within the theatres workforce, with increasing activity, working towards 3 session days and a workforce with approximately 25% of staff eligible to retire within 5 years. A theatres nursing workforce group has been established to take forward the development of training solutions to support service sustainability.

A five year forward plan of the workforce has shown a potential gap of 86wte (16%) in the workforce not including any future growth in demand for the workforce. The initial priority has been identified as increasing anaesthetic trained practitioners through training an additional 10wte per year for the next 3 years. The development of a local/regional approach to training Operating Department Practitioners (ODP) is also under development following the closure of the only ODP training programme in Scotland at Glasgow Caledonian University.

Development of Band 4 Peri-operative Department Assistants has also been ongoing with a final cohort in 2017-18, which will provide full capacity at the Royal Infirmary of Edinburgh, Western General and St. John’s Hospitals. This workforce was/is being developed from within the existing healthcare support workers undertaking a locally developed Professional Development Award at West Lothian College (WLC).

There are also a range of nursing workforce pressures associated with the ageing of the workforce, in particular within community nursing but plans in place are now showing additionality being achieved for health visiting numbers and district nursing is also showing a better balanced position due to training more in 2017--18.

NHS Lothian Workforce Plan 2017-19 includes a workforce planning activity and gap analysis has been developed which identifies all the planned major service developments and key professional workforce sustainability challenges.
1.6 Clinical Quality Programme

To support delivery of safe, patient centred care and transformation change across the organisation, NHS Lothian appointed a Chief Quality Officer in April 2016.

NHS Lothian’s aspirational health care delivery model aims to support delivery of the six recognised dimensions of quality:

- All the right care (no underuse)
- But only the right care (no overuse)
- Delivered free from injury (no misuse)
- At the lowest necessary cost (efficient)
- Co-ordinated along the continuum of care (timely, ‘move upstream’)
- Under each patient’s full knowledge and control (patient-centred, ‘nothing about me without me’)

A number of key elements were identified to support transformational change which includes:

- Open and multi-professional Clinical Change Forum to discuss with staff NHS Lothian’s approach to developing sustainable care, changing practice and improving outcomes
- A Clinical Quality Academy delivering training to front line teams to build capacity and capability for quality improvement within services
- A Clinical Quality Programme to support clinical teams to identify key priorities for improvement, providing data driven clinical process mapping support, testing and implementing improvements
- Identification of Clinical Quality Management Leads who lead pathway improvement activities

Examples of key achievements associated with quality improvement activities in the past year include:

- **Child and Adolescent Mental Health Service (CAMHS)** successfully used a new triage process to reduce the number of first appointments offered by 20% which has supported our reduction in waiting times.
- **Pain Management Service** used patient experience data to inform decisions and improvements in clinic attendance and increasing accessibility to the service.
- **Oncology Service** – have delivered improvements in capacity and scheduling in our chemotherapy delivery and over the summer we have worked with students from Glasgow School of Art to develop patient information product to help us improve patient experience.
- **Data Reviews** – stroke, endoscopy and orthopaedic services are reviewing data and care processes with a view to reducing any variances in treatment across the service.
- **Improvement Work streams** have been identified for focus over the next year, these include general practice resilience and new models of care, prescribing plans relating to chronic pain management, realistic use of medicines, care home prescribing, medication reviews and improve transition arrangements from child to adult mental health services.
Figure 1 below summarises achievement highlights associated with the NHS Lothian’s Clinical Quality Programme.

More detailed information relating to the activities of NHS Lothian’s Clinical Quality Programme are available on the Quality Directorate Website.
https://qilothian.scot.nhs.uk/quality-directorate/

A five year transformational plan for Quality Management in NHS Lothian is under development and will be presented to NHS Lothian Board in June 2018 for approval.

2. Local Delivery Plan

2.1 2017 Annual Review

NHS Lothian’s Annual Review was conducted by Maureen Watt MSP, Minister for Mental Health on 29 September 2017. At the public session of the Annual Review, NHS Lothian’s Chairman outlined a number of highlights achieved during 2016-17 and described a number of challenges facing NHS Lothian. Members of the public raised a number of questions during the annual review and written questions were also submitted by those unable to attend the review.

NHS Lothian’s Self-Assessment published on NHS Lothian’s website in advance of the 2017 Annual Review and the Ministerial feedback letter are available on the links below.
Plans to address the main actions points outlined in the 2017 Annual Review feedback letter received on 28 November 2017 include:

- **Arrangements for Controlling Healthcare Associated Infection**: NHS Lothian is meeting the standard associated with the incidence of Clostridium difficile and continues to review control. The current performance relating to infection associated with staphylococcus aureus bacteraemia (SAB) is 0.27 (n= 192 incidences) against a standard of 0.24 (n = 184 incidences) per 1,000 acute occupied bed days. All SAB infections are subject to enhanced surveillance, there these are identified as healthcare associated infection, feedback on preventable SAB is given to clinical teams. A monthly telephone conference call takes place to review all hospital acquired infection incidences. A summary report and key themes to support learning is submitted to the Acute Clinical Management Team.

- **Keep the Health and Social Care Directorate informed on progress towards achieving targets and standards**, NHS Lothian’s draft 2018-19 Annual Operational Plan outlines trajectories associated with achievement of standards. NHS Lothian’s Executive Team meets regularly with the Scottish Government Health and Social Care Directorate colleagues to discuss performance. NHS Lothian met with the Minister for Mental Health in March 2018 to discuss delivery of CAMHS and Psychological Therapies standards.

- **Achievement of elective access targets** to achieve performance as delivered on 31 March 2017. A range of options and trajectories to support performance improvement is outlined in our draft 2018-19 Annual Operational Plan which is currently being considered by the Scottish Government.

- **Progress against the staff sickness standard**: performance at February 2018 was 5.14% against a target of 4%, this is despite the challenges of supporting an aging workforce and a recent very difficult winter period. NHS Lothian’s strategy to maximise attendance at work focuses on an absence management plan and recognising that key to sustaining attendance in an aging workforce who are also working longer is to focus on supporting staff to look after their own health and wellbeing, building resilience and improving staff experience.

- **NHS Lothian expects to achieve financial balance** for 2017-18

### 2.2 2017-18 Local Delivery Plan (LDP)

NHS Lothian Board approved the 2017-18 LDP on 5 April 2017 which was subsequently submitted to the Scottish Government. A progress report associated with the key measures outlined within the plan was presented to the Corporate Management Team in early 2018 and will be presented to NHS Lothian Board during 2018.
2.3 LDP Standards

NHS Lothian Board receives regular reports associated with performance, however delegates the overview and assurance level relating to the performance measures associated with LDP standards to the Acute Hospital, Healthcare Governance and Staff Governance Committees.

NHS Lothian is currently meeting standards associated with:
- Healthcare Acquired Infection: Clostridium difficile (rate per 1,000 bed days, aged 15+)
- 48 Hour Access to a member of the Primary Care Team
- Alcohol Brief Interventions
- IVF treatment
- Early Access to Antenatal Care

An update on key performance measures associated with LDP standards over the past 12 months which were reported to NHS Lothian Board on 4 April 2018 are outlined below. The performance measures outlined relate to management information detailed within the most recent NHS Lothian Board papers; however this performance information is still to be formally published through NHS Services Scotland Information Services Division.

Emergency Access Standard

The standard indicates 95% of individuals should wait no more than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment. The 4-hour emergency access standard is a barometer of whole system pressures and is not an Emergency Department standard. Indeed, the delivery of this standard is key to the integration agenda and the integration objectives outlined in section 3.2
Nationally the number of attendances at Accident and Emergency Departments has continued to rise, this has also been the experience in Lothian resulting in decline in delivery of the standard, particularly over winter months.

This year NHS Lothian has seen a rise in the number of patients over 65 years attending the Emergency Department (ED) and being admitted when comparing November 2016 to February 2017 and November 2017 to March 2018, this has shown an increase in attendance on average of an additional 60 patients per week during this period. When this is further analysed the rise is particularly seen in the over 75 year age group.

This rise is associated with an ageing population and demographic growth outlined in section 1.

Table 8 Percentage Increase in Attendance and Admission for Those Aged Over 65 Years

<table>
<thead>
<tr>
<th>1 November 2017 To 28 February 2018</th>
<th>All Areas</th>
<th>East Lothian</th>
<th>City of Edinburgh</th>
<th>Midlothian</th>
<th>West Lothian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difference in Average Weekly Attendances, Over 65 years</td>
<td>58.2%</td>
<td>7.4%</td>
<td>33.4%</td>
<td>6.5%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Difference in Average Weekly Attendances Converted to Admissions, Over 65 years</td>
<td>44.6%</td>
<td>7.6%</td>
<td>20.2%</td>
<td>5.6%</td>
<td>11.2%</td>
</tr>
</tbody>
</table>
These attendances have also resulted in a rise in unscheduled admissions, with on average an additional 46 patients/week being admitted, again seen mainly in the over 75 age group.

This rise in presentations of this older age group is associated multiple co-morbidities (outlined in Table 2). Patients with multi morbidities are less able to be cared for on an ambulatory or out-patient basis, resulting in a higher admission rate.

Actions to Reduce Attendances include:

- A test of Change has been introduced in two GP practices in Midlothian to evaluate the impact of early triage and access to appropriate practitioner through use of a clinical algorithm. Evaluation is in early stages, however a reduction in ED attendances has already been evidenced.

![Graph of A&E Attendance](image)

- The Flow Centre is a centralised service to support the flow of patients across all adult acute sites in Lothian. Services previously known as the Lothian Transport Hub and Bed Bureau have been integrated to create the Flow Centre, joined by a dedicated Paramedic from the Scottish Ambulance Service (SAS). The Flow Centre works with GP's, Integration Joint Boards, and acute hospital staff to create clear pathways for admission, and access to alternatives to admission, to ensure that the patient is seen in the right place, at the right time, by the right person.

- Anticipatory Care Planning: Specialist anticipatory care plans in place for frequent attending patients, allowing early community based interventions to be implemented to reduce the requirement to attend the ED.

Following on from whistleblowing concerns raised at St John’s Hospital relating to the culture and management of the 4 hour emergency care standard and concerns raised alleging manipulation of performance at the Royal Infirmary in relation to the management of the 4 hour emergency care standard, we commissioned an Internal
Audit Review and Significant Adverse Event Process which both produced improvement actions.

An improvement plan has been developed with actions including:

- The development of a New SOP aligned to National Guidance to support the accurate recording and reporting of A&E performance and 4 hour breaches
- Creation of Emergency Department Standard Operating Procedure Dashboard to support managers and governance process
- A Staff Organisational Development Programme to support individual and team development within and across sites
- Refreshed Access and Governance Terms of Reference and membership to rebalance organisational focus on unscheduled care along with scheduled care
- A focus upon increased visibility from Senior Managerial/Leaderships structures across the adult sites.

There are specific and acute issues relating to performance within the Edinburgh Integration Joint Board (IJB) and access to social care services in particular and community services more broadly.

Edinburgh has had long-standing problems with delayed discharge performance, and the Edinburgh IJB is focussed on improving performance. The IJB is clear that this will take between 3 and 5 years to fully resolve these and will require co-production across all elements of the public sector.

Specifically, the city has to meet the challenges of being economically thriving and with very low unemployment. This means that bed-based care, in the form of care homes, costs far more than the national care home rate, with a floor of £1000 per week being quoted by providers versus a national care home contract rate of roughly £650. This increased cost comes from the cost of wages, of property, and of an inelastic market with little competition. For care at home, the IJB is examining whether different models of provision may mitigate the impact of instability in the provider market, including chronic difficulties in recruiting staff at living wage rates.

The IJB’s emerging strategy is to commission new provision and work with providers to make this economically viable.

Detailed and intensive work is ongoing by the interim management team of the Edinburgh Health and Social Care Partnership, including targeted review of dynamic discharge processes in conjunction with the Scottish Government.

To support this the City of Edinburgh Council have committed an additional £4m in their 2018-19 budget to support improved performance, with specific improvement targeted around the delayed discharges performance as a result of investment to enhance hospital flow for patients both at the front and back doors. The Edinburgh Integration Joint Board is considering setting aside £2.6m from reserves for this purpose, and there is a request of NHS Lothian to set aside a further £4m to support improved performance.
Outpatient Referral to First Appointment

The outpatient appointment standard indicates the need to ensure 95% of individuals wait for no longer than 12 weeks from referral to first appointment.

There is a long standing significant gap between demand and capacity for New Outpatient appointments.

In April 2017, NHS Lothian anticipated there would be 40,056 patients waiting more than 12 weeks for a new out-patient appointment at the end March 2018. The actual performance delivery was 21,125 patients waiting over 12 weeks. This was achieved through a mixture of improvement actions/efficiency/productivity, waiting list initiatives and the purchase of an additional 7,100 new out-patient appointment capacity from the independent sector.

In terms of Demand reduction we have been working with our clinical teams and GP advisor in updating referral management guidance to ensure patients are seen by right person in right place

Collaborative pilot with NHS 24 for gastro-intestinal new referrals has now been evaluated demonstrating effectiveness in terms of clinical effectiveness and demand reduction.

NHS Lothian’s draft 2018-19 Annual Operational Plan outlines a number of options and trajectories to improve performance levels dependent on levels of investment which range from £2.4m to £32m.

In the meantime, there is significant focus on actions to improve outpatient performance which includes:
• reduction in the number of individuals who do not attend appointments (DNA);
• triage of letters to advice only clinics to provide GPs and patients with advice;
• reduce demand associated with return appointments to create additional new appointment capacity;
• new outpatient wait lengths are now available on Ref Help and are refreshed on a monthly basis;
• collaborative test of change with NHS 24 to contact long waiting gastrointestinal patients using clinical algorithm
• keeping in touch programme with longest waiting patients, resulting in between 3.4% and 20% removals depending on specialty, as well as options to escalate patients as clinically indicated.
• introduction of primary care faecal calprotectin testing, consultant triage and new Ref Help guidance has seen a sustained reduction in new gastrointestinal referrals of 400 patients per month
• Faecal Immunochemical Test (FiT) evaluation commences in 1 April 2018, with aim to reduce number of gastrointestinal / endoscopy referrals

In Patient and Day Case Referral to Treatment

The inpatient and day case treatment standard indicates the need to ensure 100% of individuals wait for no longer than 12 weeks for inpatient and day case treatment.

Graph 3 Compliance with Inpatient and Daycase Treatment Time

There has also been a long standing gap between demand and capacity for inpatient’s treatment. In April 2017, NHS Lothian anticipated 1,230 patients waiting over 12 weeks for treatment at the end March 2018. Despite a very difficult winter period resulting in 850 elective treatment cancellations, our year end March 2018 performance position was 1,360 patients waiting beyond 12 weeks for treatment.
NHS Lothian’s draft 2018-19 Annual Operational Plan outlines a number of options and trajectories to improve performance levels dependent on levels of investment which range from £850,000 to £6.1m.

Work is on-going to ensure maximum efficiency and productivity is achieved through:

- quarterly meetings with service management teams to review performance and share good practice, using discovery to benchmark opportunities including day surgery rates, Cancellations, pre-operative length of stay
- implementation of a theatre improvement programme to drive theatre efficiency and productivity by delivering the following projects and outcomes;
  - **Workforce Development** - Improve staff moral, enhance training and development and reduce the use of supplementary staffing.
  - **Booking and Scheduling** - Increase overall Theatre utilisation and corresponding throughput to achieve theatre utilisation target of 88%, for funded sessions.
  - **Hospital Sterilisation and Decontamination Unit** - To significantly increase the success rate of achieving the ‘four R’s’ (Right Kit, Right Condition, Right Place, Right Time) in supply of medical instrumentation to theatres.
  - **Right Sizing Emergency Theatre at Western General Hospital** - Ensure no patient waits longer than is clinically acceptable for non-elective surgery by right-sizing CEPOD Theatre.
  - **British Association of Day Surgery (BADS)** - Increase number of elective day case surgical procedures in line with BADS recommendations.
- Weekly theatre ‘Matrix’ meetings to ensure optimum booking of theatre sessions, rolling out standard approach across all acute sit

**Cancer Urgent Suspicion of Cancer Referral to Treatment**

Cancer performance standards relate to the need to ensure 95% of people urgently referred with a suspicion of cancer and diagnosed with cancer are treated within 62 days of referral.

**Graph 4 Compliance with 62 Day Suspicion of Cancer Referral to Treatment**
Cancer Diagnoses to Treatment

Cancer performance standards indicate the need to ensure 95% of all people diagnosed with cancer are treated within 31 days of decision to treat.

Graph 5 Compliance with 31 Day Decision to Treat Standard

There are improvement plans associated with these cancer targets, and we anticipate NHS Lothian will meet both the 31 and 62 day targets by end March 2019. For tumour groups currently achieving the cancer performance standards, we anticipate maintaining this performance.

To support improvements in cancer pathways, NHS Lothian is undertaking:

- a review of cancer referral tracking resilience to support contingency planning during periods of staff leave and with a view to ensuring that cancer trackers are part of the cancer intelligence workforce
- focus on capacity bottlenecks within the urology service and recruitment of a consultant experienced in undertaking robotic prostatectomy procedures
- review of the policy relating to escalation of cases requiring treatment
- additional capacity has been introduced in gynaecology to support patients whose pathways have been longer than anticipated
- private sector capacity is being identified to support additional urology, colorectal and gastroenterology cancer treatments
- ongoing improvements in the treatment of patients with cancer of unknown primary
- testing improvements in the melanoma pathway
- addressing gaps in capacity to meet the time to colonoscopy for patients with urgent suspicion of cancer identified through screening

Psychological Therapies

The key performance standard associated with delivery of psychological therapies indicates 90% of those referred should wait no longer than 18 weeks from referral to treatment.
NHS Lothian’s draft 2018-19 Annual Operational Plan outlines the staffing and recurring funding requirement of £1.3m to deliver performance improvement.

Graph 6 Psychological Therapies Compliance with Performance Standard

In all NHS Lothian psychological therapy adult services there are agreed Service Recovery Plans which focus on:

- Treatment for patients who have waited the longest
- Increase in access to group interventions
- Monitoring and management of agreed activity with actual activity (as recorded by TRAK)
- Reduction in non-attendance of appointments through a programme of action to address the underlying causes and improvement of flow of patients through acute clinical services once stabilised and supported.
- Increasing uptake of cCBT (Mastermind) for those with mild to moderate presentations of anxiety and depression

Performance improvements within the adult teams have been delivered through:

- single waiting list with named person who manages the list
- psychological therapies team with staff with clear job plans

There has been a significant improvement in access to psychological therapies for older adults and a reduction in the waiting times.

**Child and Adolescent Mental Health Services (CAMHS)**

The key performance standard relating to CAMHS mandates 90% of those referred wait no longer than 18 weeks from referral to treatment.

NHS Lothian’s draft 2018-19 Annual Operational Plan outlines details of demand and capacity modelling undertaken and the additional staffing requirements to address referral demand. Additional recurring investment of £3.13m is required to support sustained performance improvements.
During 2018-19, the service will continue to review and monitor the transformational measures outlined below to support waiting times recovery.

- Updated Referral Documentation distributed to all referrers including details of alternative community services and options to try before referral to the specialist CAMHS Service.
- Opt in letter sent to all parents/carers as patients near the top of the waiting list to determine if treatment is still required as symptoms may have resolved
- Introduction of Patient Focussed Booking for Choice Assessment
- Group Triage following a successful QI Project which allowed the reduction in Choice Assessment Appointments
- A number of Quality Improvement Projects, still in testing, to improve the patient pathway and reduce Did Not Attend/Could Not Attend to first treatment
- Review of waiting lists to ensure as accurate as possible and adherence to waiting times guidance.

**Delayed Discharge**

Delivery of the improvement objective relating to reduction in delayed discharge bed days features within the Health and Community Care Ministerial Steering Group Improvement Objectives to be delivered by Integration Joint Boards.

The table below outlines the most recent information available relating to the number of delayed delays over 3 days by partnership area over the past 6 months. Note information relating to delayed discharge bed days is not included in NHS Lothian performance reports.
Table 9 Number of Delayed Discharge Over 3 Days by Partnership Area

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Edinburgh</td>
<td>146</td>
<td>138</td>
<td>146</td>
<td>150</td>
<td>184</td>
<td>200</td>
</tr>
<tr>
<td>East Lothian</td>
<td>23</td>
<td>24</td>
<td>15</td>
<td>14</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Midlothian</td>
<td>22</td>
<td>20</td>
<td>27</td>
<td>26</td>
<td>23</td>
<td>15</td>
</tr>
<tr>
<td>West Lothian</td>
<td>36</td>
<td>52</td>
<td>40</td>
<td>30</td>
<td>35</td>
<td>39</td>
</tr>
<tr>
<td>Total Delays</td>
<td>230</td>
<td>239</td>
<td>231</td>
<td>224</td>
<td>260</td>
<td>270</td>
</tr>
</tbody>
</table>

The partnerships submitted an outline of actions to support improvement in the delayed discharge position to the Ministerial Steering Group at the end of January 2018 as outlined below.

**Edinburgh**

There was a median for 2017-18 of 5,985 delayed discharge bed days per month (based on data from April – December 2017). Edinburgh has set an objective for 2018-19 was to reduce reportable delayed discharge bed days by 5%. This equates to 261 bed days per month, which would vacate 8.7 beds.

Actions outlined to support reducing delayed discharge bed days:

- Increase the capacity of care home places in the city by flexibly using resources as they are available. This additional capacity could be used to provide respite or emergency placements as an alternative to hospital admission, or as interim care home placements.
- Review of the Care at Home contract for older people to ensure it is able to meet demand
- Continued embedding of the Service Matching Unit in localities to work flexibly with providers to meet demand
- Ensure that conversations take place on wards that means that patients and families are aware of the choices they are making that they are realistic, risk appropriate, consider Self Directed Support options and include moving on policy conversations.
- Support the development and implementation of the Older People’s Strategic Commissioning Plan

**East Lothian**

The partnership will continue to progress towards delivering a 50% reduction in the number of all cause of delayed discharges and a 50% reduction in delayed discharge bed days by the end of 2018-19 compared to the end of 2016-17. Actions to support a reduction in delays include co-ordinated actions through primary care, community and hospital at home teams. Care home teams will maintain clients in their care home whilst unwell rather than seeking admission to acute services. The district nursing team will provide early intervention support to their patients.
Midlothian
In 2015 and 2016 there was an average of 765 delayed discharge bed days associated with Midlothian residents. Midlothian have set an objective to reduce delayed discharge OBDs by 30% (536 delayed discharge bed days) by April 2018.

Actions outlined to support reducing OBDs associated with delayed discharge include:
- Redesign of care at home services to ensure a more sustainable service delivery
- Increased joint working between district nursing and care at home to support discharge
- Introduce new approach for patients awaiting Guardianship to reduce delays
- Establish Midlothian Discharge Hub to co-ordinate and support early discharge
- Further work with care homes to ensure quicker assessment and admissions, in partnership with patients & families
- Establish ‘family first’ approach to supporting discharge home, moving away from paid care in the first instance

West Lothian
The partnership aim to achieve a 10% reduction in delayed discharge bed days (all reasons) compared to 2016-17 (expected 11,605 delayed discharge bed days). This will be achieved through increase in reablement, community nursing, allied health professional, intermediate care, discharge to assess and a mental health officer in the delayed discharge team.

2.4 2018-19 Annual Operational Plan

NHS Lothian received guidance from the Scottish Government on 9 February 2018 indicating the Local Delivery Plan process is to be replaced by a 2018-19 Annual Operational Plan focussing primarily on performance, finance and workforce, concentrating on the key standards that are most important to patients. Our draft Annual Operational Plan was submitted to the Scottish Government on 9 March 2018, formal feedback on our plan is awaited.

3. Integration Joint Boards

In Lothian, there are four Integration Joint Boards in Edinburgh, West Lothian, East Lothian and Midlothian. Each are made up of representatives from the NHS Lothian Board and locally elected councillors. Their purpose is to strategically plan for the local population and the services that have been delegated to them from both the Health Board and the four Local Authorities. They are required to produce a three year strategic plan and a set of directions as to what they would wish to see the Health Board and the Local Authority achieve for their population.

3.1 Health and Social Care Partnership Strategic Plans

All Integration Joint Boards (IJBS) consulted on, approved and published their 2016-2019 Strategic Plans. These strategic plans outline how the Health and Social Care Partnerships will meet the health and social care needs of their local population. Partnerships have also published 2016-17 Annual Performance Reports which are available from the links below.
The IJB’s 2016-17 Annual Performance Reports include details successes achieved in relation to their strategic plan, progress relating to the national health and well-being outcomes, budget spend and priorities for 2017-18. The 2017-18 Annual Performance Reports are expected to be published in late summer 2018.

**East Lothian**

2016-19 Health and Social Care Strategic Plan

2016-17 East Lothian Annual Performance Report

**Edinburgh**

2016-19 Health and Social Care Partnership Strategic Plan

2016-17 Annual Performance Report

**Midlothian**

Health and Social Care Partnership Strategic Plan
http://ihub.scot/media/1102/midlothian.pdf

Midlothian 2016-17 Annual Performance Report

**West Lothian**

2016 -19 Health and Social Care Partnership Strategic Plan and 2016-17 Annual Performance Report
http://www.westlothianchcp.org.uk/IJB-strategic-plan

### 3.2 Primary Care Services

The provision of primary care services is a delegated responsibility of the IJBs. Despite results from the annual primary care patient experience survey which indicates individuals are able to access support from a member of the primary care team within 48 hours of request, capacity and sustainability in general practice continues to be at a critical level in the main due to the volume and complexity of workload and recruitment and retention issues.

NHS Lothian’s Primary Care Investment and Redesign Board meets bi-monthly where the four Lothian health and social care partnerships present updates on their plans to address issues within their local areas.
Examples actions to support improved delivery of primary care services are outlined below.

**Table 10 Primary Care Improvement Actions**

<table>
<thead>
<tr>
<th>IJB</th>
<th>Primary Care Improvement Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edinburgh</td>
<td>In June 2017, the Edinburgh IJB agreed to support:</td>
</tr>
<tr>
<td></td>
<td>- A programme of ‘transformation and stability’ injections to individual GP practices during 2017-18</td>
</tr>
<tr>
<td></td>
<td>- Non-recurring funding investment into technology and cluster development work</td>
</tr>
<tr>
<td></td>
<td>- Investment in additional management capacity to ensure effective implementation and evaluation</td>
</tr>
<tr>
<td></td>
<td>- Management of partnership investment in the Primary Care Support Programme</td>
</tr>
<tr>
<td></td>
<td>Progress relating to the Edinburgh partnership primary care objectives include:</td>
</tr>
<tr>
<td></td>
<td>- Non-recurring technology investment of £150,000 to support Dopplex, wound sense, texting systems, voice recognition, mobile technology for care home visits to modernise ways of working and free up time to support direct patient care</td>
</tr>
<tr>
<td></td>
<td>- Recruitment of 14 Community Link Workers and delivery of training to support social prescribing and signposting, a 6% target has been set for appointment request conversion</td>
</tr>
<tr>
<td></td>
<td>- Investments include direct GP support to HUB activity over the winter months, independent prescribing training, extension to Advance Nurse Practitioner training, stability to support practices taken into NHS Lothian management arrangements to reach a balanced position and support to the East Craig Practice contract transfer</td>
</tr>
<tr>
<td>West</td>
<td>Investment in mobile IT devices to improve patient safety, support clinical decision making and reduce GP administrative time to update records</td>
</tr>
<tr>
<td>Lothian</td>
<td>Text reminder bundles implemented in 22 practices to support reduction in wasted appointments</td>
</tr>
<tr>
<td></td>
<td>Advanced Physiotherapy Practitioners providing 2-3 sessions per week in 6 practices to improve access to musculoskeletal services, improve referral pathway and save GP appointment time</td>
</tr>
<tr>
<td></td>
<td>Advanced Nurse Practitioners in training from 7 GP practices</td>
</tr>
<tr>
<td></td>
<td>Domiciliary phlebotomy support for all practices</td>
</tr>
<tr>
<td></td>
<td>Service level agreement with Scottish Ambulance Service Primary Care Paramedic to provide a home visiting service provided in 3 practices on 5 days per week. Three additional practices are providing training placements for specialist paramedics to build capacity</td>
</tr>
<tr>
<td></td>
<td>Signposting training support offered to all practices to promote self-management and direct access to alternative services</td>
</tr>
<tr>
<td>Region</td>
<td>Strategy Description</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>West Lothian</td>
<td>Development of mental health support hubs to reduce the medicalization of conditions, promote self-management and build on collaborative working with the third sector. Appointment of a GP lead, offer of a service level agreement and training for care home staff to reduce requirements for unscheduled care visits and acute hospital admission. Anticipatory Care Champions will be identified.</td>
</tr>
<tr>
<td>East Lothian</td>
<td>During 2017-18 work focussed on development of a new way to respond to same day demand in primary care through establishment of a multidisciplinary practice team. The team approach is designed to reduce health inequalities by improving access for all patient groups. Role development of Advanced Nurse Practitioners, Nurse Practitioners and Advanced Physiotherapy Practitioners and Mental Health Nurses to shift the emphasis from GP dependent models of care. These staff provide access to social care and third sector services where indicated. Collaborative Working for Intermediate Care (CWIC) is central to East Lothian’s primary care modernisation and redesign programme which has: - supporting transfer for GP workload to the wider primary care team and ensuring the most appropriate professional sees the patient - single point of contact for those seeking same day clinical care in a patient population of circa 19,000 in the Riverside Practice in Musselburgh, there are plans to extend this model of care across East Lothian - addresses an area of high and growing demand in an area of high deprivation, high multi-morbidity and highest projected population growth Working alongside NHS 24 to re-route calls for self-management advice or onward referral to a member of the expanded primary care team Establishment of a care home team to see all patients in care homes in the Musselburgh area with discussion to expand the service to homes in Haddington. This approach has demonstrated reducing inappropriate admission of care home residents to acute settings The partnership is recruiting a new post of Primary Care Manager who will have an operational and strategic role to support the development of primary care services in East Lothian</td>
</tr>
<tr>
<td>Midlothian</td>
<td>Expansion of general practice list capacity from 7,300 to 8,300 to meet demand Options papers will be produced during 2018 to respond to the population expansion associated with housing development in Shawfare, Danderhall, Bonnyrigg and Rosewell</td>
</tr>
</tbody>
</table>
*Midlothian*

‘Do I Need to See a GP?’ communication to raise awareness of alternative options to seek advance and support to reduce demand on general practice. Twenty thousand copies of this communication will be distributed.

Developing roles of advanced nurse practitioner and advanced physiotherapist to support new clinical roles and services and embed the Wellbeing Service in eight health centres which will be evaluated.

eFrailty programme to identify and grade the frailty of patients in all practices to support co-ordination and anticipation of care needs.

The introduction of the new GMS contract on 1 April 2018, this provides an opportunity to significantly improve sustainability of primary care, however, it is acknowledged that the implementation of the new contract will bring significant challenges and NHS Lothian and the IJBs have agreed an implementation approach that recognises the need for additional resources. To support implementation of the new contract, the four Lothian partnerships are preparing their Primary Care Improvement Plans. To support development of these plans, in addition to local partnership development sessions, three pan Lothian primary care summits have taken place, the most recent summit in February 2018. Primary Care Improvement Plans require to be finalised by summer 2018.

The Primary Care Investment and Redesign Board will be replaced by a GP Contract Implementation Group during 2018 to support the implementation of the new contract.

### 3.3 Ministerial Steering Group Improvement Objectives

Six improvement objectives have been outlined by the Ministerial Strategic Group for Health and Community Care for delivery by Integration Joint Boards, these relate to:

1. Number of emergency admissions into Acute specialties
2. Number of unscheduled hospital bed days, with separate objectives for Acute, Geriatric Long Stay and Mental Health Specialties
3. Number of A&E attendances and the percentage of patients seen within 4 hours
4. Number of delayed discharge bed days.
5. Percentage of last 6 months of life spent in the community
6. Percentage of the population residing in non-hospital setting for all adults and 75+

Integration Joint Boards were required to submit details to the Ministerial Steering Group of how they expect activity to change (focussing to the end of March 2019) and provide information on how objectives will be achieved. Details of delivery of these objectives were to be approved by IJBs in March 2018. Themes extracted from IJBs proposals are outlined in Table X below.
### Table 11 Delivery Themes IJB Improvement Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Delivery Actions</th>
</tr>
</thead>
</table>
| **Emergency Admissions**  | Improved access to primary care services  
Reduction in attendance / admissions from care homes  
Locality Hubs identify people at risk and provide short term intensive home support  
Integrated Older People’s Services  
Enhanced community teams i.e. respiratory team  
Acute Care Support Team  
Rapid Occupational Therapy Assessment Service |
| **Unscheduled Hospital Bed Days** | Reduce admission from care homes  
Reduce out-of –hour admissions  
Reduce admissions relating to falls and frailty  
Increase capacity of the Hospital at Home services  
Development of intermediate care facilities |
| **A&E Attendances 4 Hour Target** | Improved access to primary care services  
Redirection of patients involving A&E, Ambulance Service and General Practice  
Provision of multi-disciplinary preventative services and initiatives |
| **Delayed Discharge**      | Sustainable Care Home Service  
Use of locality Hubs to co-ordinate and support earlier discharge  
Increased joint working involving community nursing team and care at home to support discharge  
Flexible use of care home places in Edinburgh for emergency placement / respite  
Review of Edinburgh Care at Home Contract  
Supporting families to make realistic and risk appropriate decisions  
Mental Health Officer within delayed discharge teams |
| **End of Life Care**       | Close work with Hospital at Home services to support individuals who no longer respond to active treatment  
Development of locality Palliative and End of Life Care Partnership Groups which includes close working with other agencies  
Facilitate discharged through integrated working between district nursing services and re-ablement teams  
Pan Lothian Palliative Care Managed Clinical Network |
| **Shifting the Balance of Care for over 75s** | Older People’s Strategic Commissioning Plans  
Mental Health Strategic Commissioning Plans  
Prevention of illness and addressing health inequalities  
Frailty Programmes |

The four Integration Joint Boards directions to NHS Lothian and respective Local Authorities are mostly reflected in the six key partnership indicators. NHS Lothian is expecting additional directions to be issued in April 2018.
4. Financial Overview

NHS Lothian’s has an Annual Budget of circa £1.5bn. Over the last 3 years NHS Lothian has not been able to present a balanced financial plan at the start of each financial year and has increasingly relied on non-recurrent resources to achieve financial balance.

The Board continues to experience a shortfall associated with NRAC (NHS Scotland Resource Allocation Committee) parity funding since the introduction of the NRAC formula almost a decade ago. Since 2013-14 the cumulative impact is £45m, with a further forecast shortfall for 2018-19 of £14m.

One of the key features of NHS Lothians financial position in relation to performance is the lack of in house capacity to meet access targets. This will require capital investment. Until 2015-16 additional activity was procured from the Independent sector, but with the inability to deliver a balanced financial plan for that year, and subsequent years, no financial provision has been available to support this.

4.1 Achieving Financial Balance

NHS Lothian’s annual financial plan is predicated on both robust financial management and a requirement for all service areas to deliver between 1% and 2% efficiency savings. For 2017-18 this equated to £25.5m and was driven by savings in procurement, drugs and prescribing, rationalisation of our property base, with some more limited contribution from clinical productivity, and changes in workforce skill mix. However, in the past 3/4 years this level of efficiency savings has been insufficient to close the gap between the Board’s income and expenditure. The Board is increasingly exposed with service pressures associated with demographic growth, GP prescribing and acute medicines growth, and supporting the need to shift the balance of care.

As a consequence each years financial plan has set out a series of non-recurring measures to achieve balance with the Financial Plan for 2018-19 now out of recurring financial balance to the value of £54m.

4.2 Longer Term Financial Strategy

The recurring financial imbalance has focused the Board on developing a longer term financial strategy with a particular emphasis on what can be owned and delivered by the Board, and what requires to be delivered in partnership with our IJB and Regional colleagues, and what might require more national coordination.

This is shown in the diagram below and sets out the continuing requirement for the Board to deliver annual efficiency savings of circa 1% - 2% each year. This is characterised as “grip and control” measures, so essentially robust financial management. The strategy also anticipates that the Boards developing longer term Quality Strategy will also deliver a contribution of between 1% and 2% per annum to support financial balance, either through mitigating demand or implementing plans which reduce unwarranted variation and minimise waste. It is anticipated that
increasingly opportunities for improvement will be informed by the use of data including benchmarked performance.

The longer term strategy is based on the premise that there is a limit to what the Board can do itself to achieve financial sustainability, and the top two tiers (Transformational Change, Difficult Choices) require actions and decisions to be made at a regional and national level, and possibly across the public sector.

4.3 2018-19 Budget Setting

For 2018-19 the Annual Operational Financial Plan has identified a financial gap of £21.4m and this assumes no additional funding provision to support performance improvements. Discussions are ongoing with the Scottish Government Directorate for Health Performance and Delivery to agree financial planning and performance improvement measures as outlined in our draft 2018-19 Annual Operational Plan.

Key risks associated with our 2018-19 Financial Plan are summarised below.

Table 12 2018-19 Financial Plan Key Risks

<table>
<thead>
<tr>
<th>Risk Rating</th>
<th>Key Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Waiting Times including 4 hour performance, Health and Social Care Integration, Delayed Discharge, Winter Costs, Pay / Terms and Conditions, Scottish Government Allocations, Capital Planning Programme</td>
</tr>
<tr>
<td>Medium</td>
<td>New GP Contract, GP Prescribing, Outcomes Framework, Acute Medicines</td>
</tr>
<tr>
<td>Low</td>
<td>Pharmaceutical Price Regulation Scheme</td>
</tr>
</tbody>
</table>