



Scoping Paper for NHS Western Isles Clinical Strategy

Getting Fit for The Future

Executive Summary

by

Dr Sheila Scott

1. Executive Summary

This scoping document was commissioned in October 2006 and will be finalised by end December 2006. The document identifies those areas of work currently underway as well as describing further areas of work required to align services with the recommendations in *Delivering for Health*. The Scoping Document is the first phase in producing a final Clinical Strategy.

1.1 Objectives of the Scoping Document

To identify and collate the work of the:

- § Service redesign groups
- § Multi-agency partnerships (such as Mental Health Partnership)
- § Managed Clinical Networks (MCNs) (such as Chronic Heart Disease/Stroke)
- § Delivering for Health (D4H) work streams
- § Other areas where change in service are anticipated (such as Community Health Partnerships (CHP))

This scoping exercise does not encompass all the work of the Board in relation to operational routine planning and other ongoing service planning groups such as waiting times, infection control and cancer steering group. It is envisaged that such groups will continue as currently.

1.2 Drivers for Change

These are outlined in section two. Important drivers include:

- § Delivery for Health – the Scottish Executive response to the Kerr Report
- § Changing demography – an aging population
- § Advances in medical science
- § Shifting the balance of care from hospital settings to community settings
- § Enhanced roles for staff

1.3 Methodology

Sections two to five record the key objectives and actions for change under the headings incorporated in *Delivering for Health*.

For each section key informants have been interviewed to identify what is happening locally, regionally or nationally. This has been done with the agreement of the Area Partnership Forum; however the views of the key informants have not been widely consulted on due to time constraints.

1.4 Key Findings

Much excellent and relevant work is being undertaken, however, it is now imperative to set this in the context of:

- § An overarching clinical strategy
- § Enabling safe and sustainable services to be delivered as locally as possible
- § When clinically necessary, provided at a distance by our partners in strategic health alliances
- § Within a financial envelope that is affordable

1.5 Service Redesign

In particular many of the service redesign groups are nearing completion and being implemented. These are:

- Renal Services
- Paediatrics
- Radiology
- Mental Health
- Public Health

We also need to build on the work already undertaken in:

- Community Redesign
- Primary Care Out of Hours
- Medical Redesign
- Uists and Barra Redesign

The areas that require further detailed and focussed work as a priority are:

- Maternity
- Surgical (including Orthopaedics and Gynaecology)

2 Recommendations

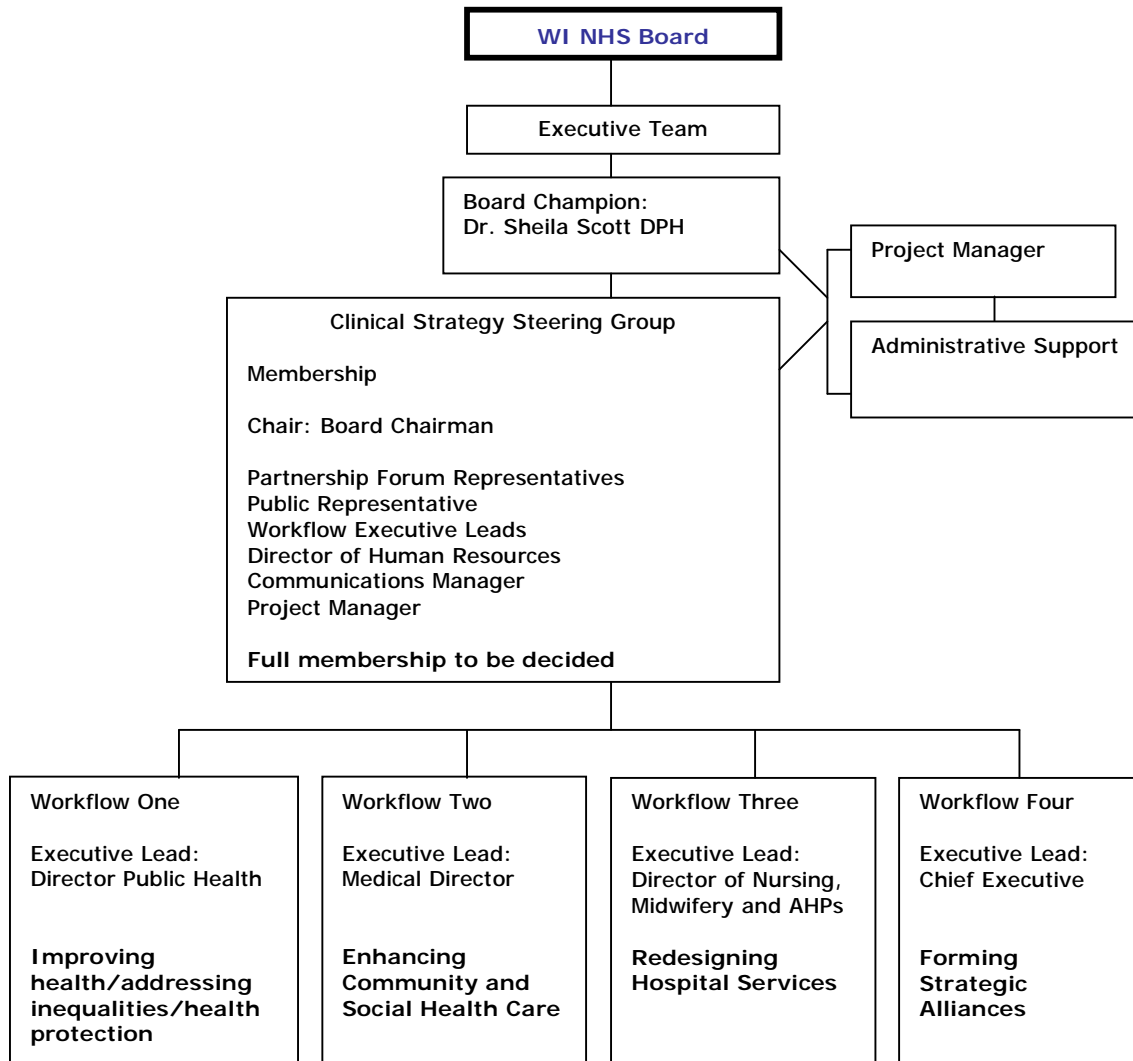
2.1 Recommendation 1: Structures

All changes initiated or proposed by Service Redesign or other planning groups should be allocated and taken forward under the four following work streams. Each stream will be led by an Executive Director.

Work stream	Lead director	Priorities	Key themes
Improving health/addressing inequalities/health protection	Director of Public Health	<ul style="list-style-type: none"> § Smoking § Alcohol § Gender inequalities § Obesity 	<ul style="list-style-type: none"> § Anticipatory care § Men's health § Working with CHP/acute settings § Community Planning Partners.
Enhancing community and social health care	Medical Director	<ul style="list-style-type: none"> § CHP/CHaSP, Referral guidelines/protocols § Uist & Barra Hospital redesign § Establishment of alternative diagnostic and treatment centres in Primary Care 	<ul style="list-style-type: none"> § Chronic Disease Management § Care as local as possible § GPs with special interests § Enhanced roles § Interface with hospital.
Redesigning Hospital Services	Director of Nursing, Midwifery and Allied Health Professionals (AHPs)	<ul style="list-style-type: none"> § Bed usage § Pre-assessment § Maternity § Orthopaedics § Waiting times § Maintaining volumes § Hospital Acquired Infection 	<ul style="list-style-type: none"> § Separation of planned and unplanned care § Diagnostics § e-health § Enhanced roles § Remote and Rural General Hospitals
Forming strategic alliances	Chief Executive	<ul style="list-style-type: none"> § North/West or both § Establish Commissioning Team § Review Service Level Agreements/UNPACS 	<ul style="list-style-type: none"> § Reports § MCNs § Joint appointments

Each lead director will be supported by other members of the Executive Team, 'Stream' manager and administrative support.

Structure



2.2 Recommendation 2: Establishment of Steering Group

There should be a Clinical Strategy/Getting Fit for The Future 'GFTF' Steering Group chaired by the Board Chairman. The Lead Director will be supported by a dedicated project manager. Administrative support will be appointed to co-ordinate, update and collate actions. Dedicated financial support will also be required. The work of the service redesign committee should be subsumed/merged into this group and include appropriate membership.

2.3 Recommendation 3: Key Components to Underpin Work Streams and the Steering Group

These include:

- § Patient focus and public involvement
- § Partnership working

- § Community planning partners
- § Clinical effectiveness and governance
- § Manpower planning
- § Education and training
- § e-health/telemedicine
- § Information services
- § Input from MCNs/D4H service redesign working groups
- § Financial modelling/option appraisal
- § Risk assessment and management

2.4 Recommendation 4: Financial Parameters

The Director of Finance to clarify what financial resources will be available in the short, medium and longer term in the light of:

- § the current financial positions
- § likely future levels of funding
- § determine from benchmarking the desirable shift of resources from hospital settings to primary and community care settings

2.5 Recommendation 5: Financial Planning

Any service change must be fully costed and affordable within indicative resources and fit the shift in the balance of care target as laid out by the Director of Finance.

2.6 Recommendation 6: Population Needs

The Director of Public Health should further clarify what the future needs for patients with chronic diseases and acute hospital care are likely to be, using combination of epidemiology and demography and building on the work outlined in appendix one.

2.7 Recommendation 7: Workforce Planning

A strategic overview of workforce availability to be undertaken based on detailed analysis by age cohort of the current workforce and the local demography, to assess whether assumptions about the availability of different types of staff are correct. This should be reflected in the Pay Modernisation Benefits Plan.

2.8 Recommendation 8: Timescales and Deliverables

The next phases to completing the clinical strategy will be:

- Completion of this scoping document by end December 2006
- Allocation of ongoing work as detailed in Scoping Paper sections two to five to indicative work streams January 2007
- Development Day 22nd January 2007
- Drafting the outline of the Clinical Strategy and Implementation Plan for the four work streams for March 2007.
- Consultation and refinement for April 2007.

2.9 Risk Assessment

What has been outlined in this summary and in sections two to five represents the key strategic directions for NHS Western Isles. There are risks in taking forward this process in terms of delivery to set timescales:

- § capacity
- § current financial position
- § resilience

§ manpower availability

2.10 Clinical Governance

The future development and implementation of the Board's clinical strategy will have to be under-pinned by robust clinical governance and clinical effectiveness structures and systems.

2.11 Resources

Further discussion will take place at the development day in January and a task will be to identify the resources required to complete and produce a clinical strategy, including project management and administrative support.

2.12 Commitment and Priorities

Central to the success of this exercise is a clear understanding of the level of priority this work is to be afforded and Board and Executive support for those charged with its delivery.