CLINICAL STRATEGY IMPLEMENTATION - HEALTH IN YOUR HANDS

Background

People across the UK are living longer and life expectancy in the Borders is the longest in Scotland. The fact of having an increasing elderly population, the availability of new technology and better treatments and medicines are to be welcomed. Nonetheless these represent challenges at a time of public funding constraint and we need to carefully consider, with the people of the Borders, whether the way our services are delivered should be adapted and indeed improved.

A Changing Population

Compared with most other areas in Scotland, population growth is a particular challenge for the Borders. The population has risen by almost 10% in the last 20 years to just over 113,000 in 2011 and is predicted to rise further. For healthcare services, an increasing local population will mean more demand for our services. There is also an expected rise in the proportion of the population aged over 65 years of age.

Borders residents can also expect to live longer compared with other parts of Scotland. As the local population becomes increasingly elderly, there will be a rise in people with multiple and complex long term health conditions, which will increase the demand on Health services. People will also from time to time have episodes of ill health and care needs as a direct result of a long term health condition. A lack of planning could mean that care is delivered in a reactive way, our acute services are likely to become stretched beyond their limits. We also want to ensure we are resilient and prepared for times of pressure including winter periods.

A Changing Workforce

NHS Borders benefits from a dedicated workforce which is committed to providing the highest quality services for our patients. However our workforce itself is becoming older and we need to plan now how we will address gaps in the coming years. By 2020, approximately 8% of the current workforce will be eligible to receive the state pension. Of this 8% just over 40% currently have direct clinical roles and if they choose to retire at this point, this may result in challenges in recruitment for some of our services. Plans need to be put in place now to ensure that there are no shortfalls or loss of expertise across our services.

In addition there are a number of changes which have been introduced across Scotland such as “Reshaping the Medical Workforce in Scotland”, which is already impacting on the way we deliver services. An example of where we are now working differently in NHS Borders because of these changes is in the Paediatric Hospital at Night service. For this service we have introduced new roles and skill mixing between the different professions, to ensure we can continue to deliver our services effectively and safely based on our workforce.

The traditional model of delivering care in hospitals and in the community is very focused on being delivered by doctors in a clinical setting. As we move towards 2020 there will be a requirement and a real need to deliver care in very different ways, maximising self care, community support and avoid hospital admissions wherever possible.

A Changing Economic Climate

In addition to increasing demand, as in recent years, NHS Borders has a public duty to increase its effectiveness, efficiency, quality and productivity of services and support to the public. For NHS Borders just to stand still, we will need to make efficiencies and deliver more activity with a constrained funding environment. Over the last 4 years we have been successful in achieving notable efficiency savings. However based on current targets between 2015 and 2020 it is estimated that a further £25 million of efficiency savings will need to be achieved.

NHS Borders has a good track record in managing its finances and is committed to continuing to do so in the future. Over the last few years NHS Borders has achieved its financial targets annually. It has also worked hard to ensure the amount of income it receives matches what it spends and therefore it has had a balanced budget on a recurring basis.

The financial challenge that the public sector is embracing is clear and well understood. It is essential that our services are provided and developed appropriately within the funding available to us and for which the Board is responsible. In order to continue to deliver quality patient care the organisation must keep a firm grip on its finances as well as drive improved quality and efficiency which is critical to service delivery and public credibility.

Focus on Health & Well-being

To deliver effective health care services we must ensure our resources are appropriately targeted at the health needs of the population. Services must reflect the widely recognised demographic trends with a small increase in children and a large increase in the elderly. The elderly have chronic multiple health conditions but there is much that can be done to prevent or lessen the impact of this on the individual and service. Given the constrained resource within which to deliver health care, services must provide value and financial sustainability; they must not only be evidenced as effective but must also be cost effective and contribute to overall good quality outcomes for patients.

Demands on health care services can be reduced by improving population health and well-being. The NHS has an important focus in this along with our key partners within Scottish Borders Council and the third sector.

Technological Capability – based on evidence

Technology is becoming part of the majority of people's daily lives from smartphones and digital TVs to tablet devices. We are all used to using technology to undertake many aspects of our daily lives, from banking and ticket booking to on-line shopping. People want the option to undertake contact with the NHS in a similar way: to book appointments, order their medicines, access the people looking after them for advice and support and accessing their own information on-line. Similarly, staff rightly demand technology that supports them to do their jobs and to deliver the best care as effectively as possible. Advances in technology present us with an opportunity to really support staff in delivering new models of care, for example, remote monitoring of patients at home or in hospital, or remote access to clinical experts.

A Changing Relationship with Patients and the Public

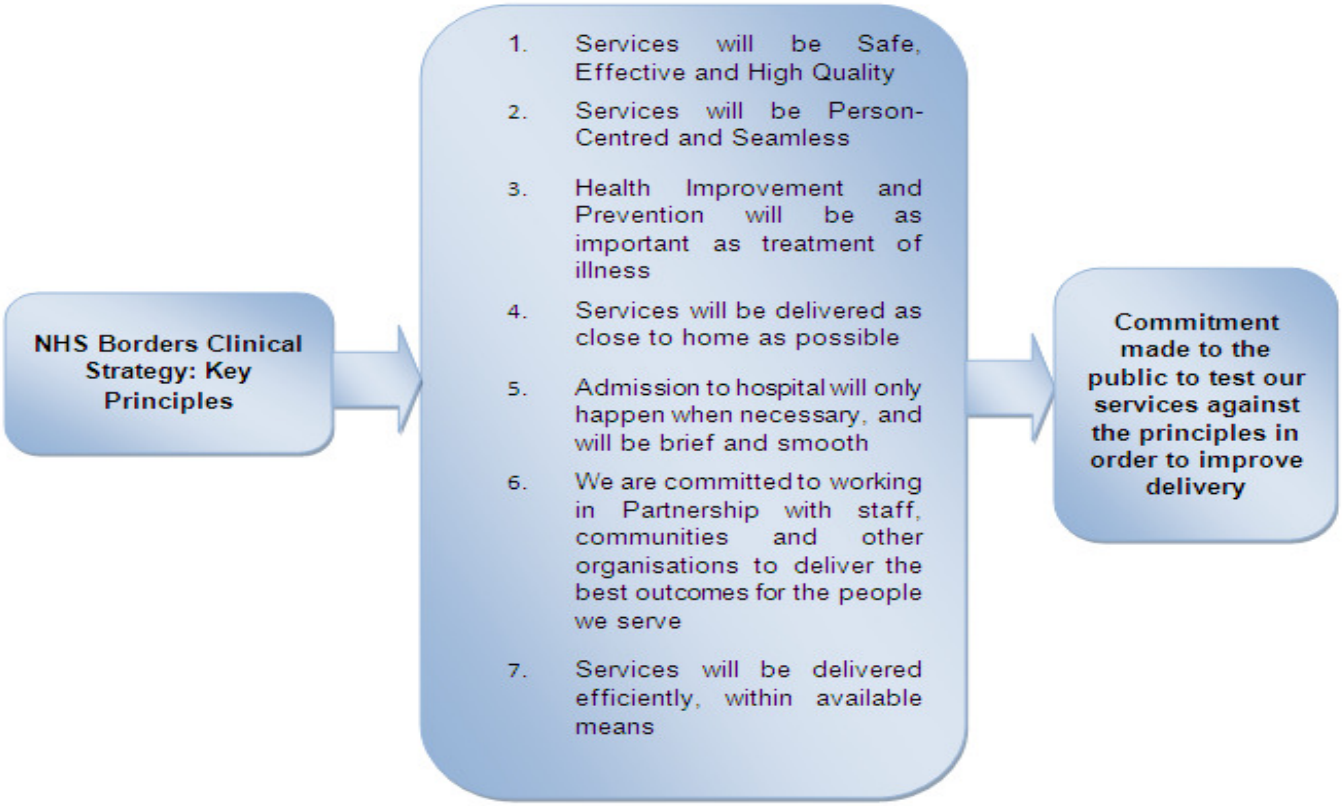
The days of patients being passive recipients of treatment decisions from health professionals have gone, the balance of power and ownership of health issues between patients and professionals is changing. This changing relationship will support individual's responsibility for maintaining their health and, if and when long term health conditions develop, the sharing of responsibility for managing the condition and preventing deterioration. This change has implications for professionals too and their practice every day. Similarly the local NHS has clear responsibilities to consult and involve the local population about service change and improvement. This is not only about service configuration and accessibility, but also about the tensions and trade-offs between individual clinical

and wider patient and community needs, and not only about what is delivered but how it is delivered, with emphasis being given to person-centred care and compassionate care.

The concept of mutuality in healthcare, mentioned in the Scottish Government 2007 document Better Health, Better Care, captures this changing relationship between patients and professionals, between the service and the public, and between the clinical staff and management of the service. It emphasises the need for trust and working together to achieve mutual benefits, in this case a high quality, local health service that is sustainable and helps to maintain health, and support and care for those who develop illnesses. This needs to be based around demand that is directed from our population profile with capacity balanced against this.

Key Principles

Following the feedback from the consultation exercise on NHS Borders Clinical Strategy the Board, at its August 2014 meeting, approved a set of key principles and gave the public a commitment to review each of our services against the key principles. The approved Key Principles are outlined in the diagram below.



These principles are in line with and fully support the 2020 vision for Healthcare in Scotland. The vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on early intervention and prevention and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with no risk of re-admission.

Our Aim

NHS Borders shares responsibility for the protection and the improvement of our population's health and for the delivery of frontline healthcare services.

We take great pride in the delivery of healthcare to our local community and all 4000 staff who work within NHS Borders carry out their role with the aim of improving the lives of our patients and the health of our local communities.

Our vision is for NHS Borders to lead the way in providing high quality and safe care. We need to do this by the continual improvement and development of local services to meet the needs of our population.

Overall we perform well as a NHS Board but we can always do better and we want to do better. As an organisation we acknowledge that there are challenges ahead. Challenges which will require different thinking, with communities and partners, about the way services are delivered. This challenge must be grasped and considered as an opportunity to innovate for the future. By ensuring the services we provide are thriving, as well as transforming the traditional models of delivery, we can deliver health services in the Borders which lead the way. By the relentless pursuit of quality within our organisation we can increase efficiency and improve the effectiveness and safety of our services.

Reducing inequalities in the health of the population of the Borders is critical to achieving our aim. While the health of our population as a whole is improving, the fact is that some inequalities are widening. That requires concerted action from everyone.

Health inequalities can be a matter of personal lifestyles such as smoking or lack of physical activity. However, just as important are community, economic, cultural and environmental factors.

We need to work with the people of the Borders to do everything within our powers to find ways of reducing those inequalities, not only in health, but in all the other factors that lead to some people in the Borders being more disadvantaged than the majority.

Our Approach – Health in Your Hands

In order to embrace these challenges we suggest that we must put mutuality at the heart of the services that we offer and recognise that the people who own the NHS, our communities, should be seen as co-owners rather than service users. This reiterates our collective responsibility and shared ownership of our NHS and therefore the services we provide.

The concept of mutuality was first introduced into the healthcare setting in the Better Health, Better Care paper (Scottish Government, 2007) which stated:

"A mutual NHS is a vision based on a shift that sees people and NHS staff as partners who have real involvement, representation and a voice that is heard."

The concept also then followed through into NHS Scotland's Quality Strategy during 2010:

"Quality Ambition: Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision- making"

A commitment to mutuality and co-ownership with the people of the Borders will deliver improved diversity and inclusion, and is truly customer focussed. It is generally associated with increased employee and customer satisfaction and already operates under the founding NHS principle of comprehensive inclusiveness.

Overall, the concept of mutuality will help us explore ways to share responsibility for health and health services, and harness the willingness and desire of the people of the Borders to improve their services and their own health, and that of their fellow-Borderers.

A tried and tested approach to ensuring the co-production of our healthcare services can be seen through the work of the Institute of Healthcare Improvement. The Institute suggests simultaneous pursuit of three aims:

- Improving the experience of care
- Improving the health of populations
- Reducing costs of health care

Using this approach as a way forward in addressing the challenges we face will be beneficial.

In order to progress in this manner it is important that we share information about our services with our communities to start the dialogue and hear what people want from their NHS, we want to listen to what matters to the people of the Borders.

Throughout this review we will be making considerable efforts to engage patients, carers, staff and the public, and our expectation is that the outcomes of any service reviews will emphasise the need for new models of care that reflect a more active role for patients as partners in their treatment and care.

Implementation of our Clinical Strategy - Exploring Models of Care

Being successful in overcoming the challenges to be faced over the next 3 – 5 years will require a redesign of services across the spectrum i.e. from Children & Young People (Paediatrics) to the Department of Medicine for the Elderly. This is required to make these services more efficient, effective, person-centred and accessible, available 7 days a week as required, where care is delivered close to people's homes in the community, with people only being admitted to hospital when it is necessary.

In a mutual review of all of our services we will require to be creative and explore new and different models of care which feature the following characteristics:

- Flexible working across specialisms and care settings
- Service reconfiguration
- Use of technology
- A more active role for patients as partners in their care

The Borders General and our Community Hospitals are integral and important to the way in which we deliver the best care to our patients and will continue to be so as we move forward. Our hospitals play a vital role within our communities and this will evolve. Currently, of course, hospitals are places we go when we get sick. We associate them with illness more than wellness. By exploring new models there will be opportunities to consider how our hospitals and community services across Primary care, acute care and mental health can become even more integral to delivering healthcare in our communities.

Our healthcare system focuses on treating people once there is something wrong – prescribing drugs and surgery. If the system shifted further and began to emphasise wellness and prevention, we would have a much healthier population.

We know there are models of care that are currently working in other areas and compelling evidence demonstrates that these are working well especially in the area of clinical support in the home environment.

Next Steps and Programme of Work

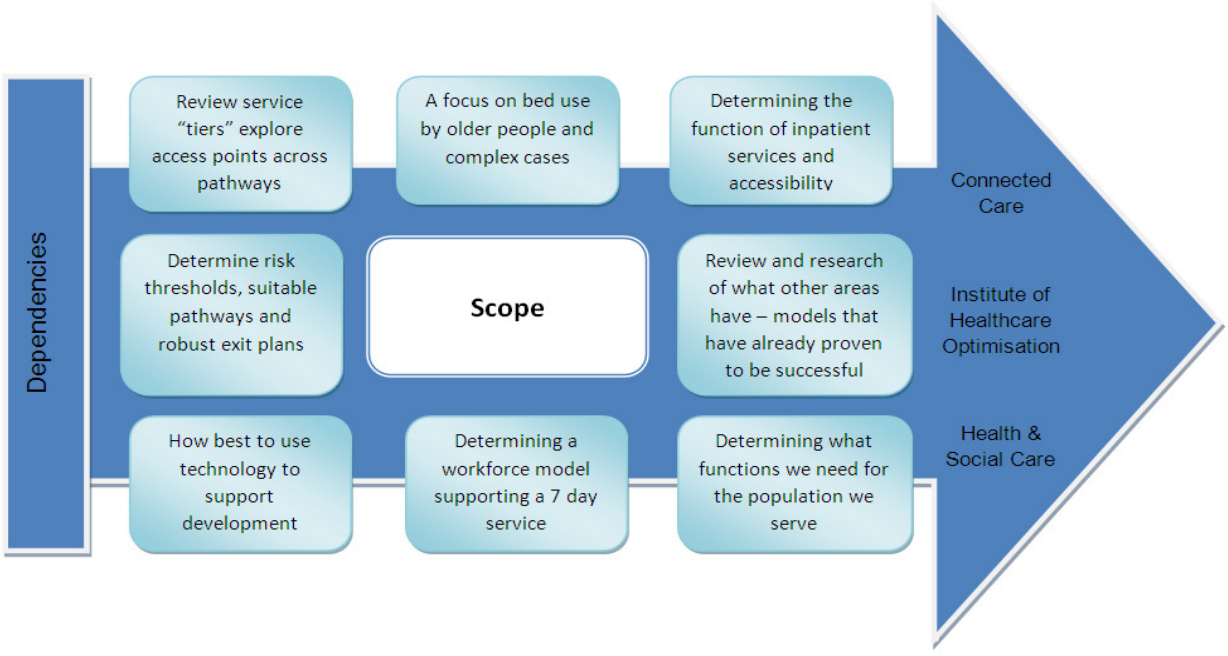
The NHS Borders Board gave a commitment to the public to test our services against the key principles set out in the Clinical Strategy. Each service within NHS Borders will now be asked to test its service provision against the agreed principles in order to improve delivery. This is obviously going to take a significant length of time and therefore it is proposed a programme of work is devised which breaks this down into a manageable approach that truly engages with the people of the Borders.

It is proposed that the most sensible place to begin this journey would be to review the needs of patients currently looked after as inpatients. This would set us on the right road to identifying opportunities for outpatients, day hospitals, and community services; all with the aim of better quality, better outcomes within available resource.

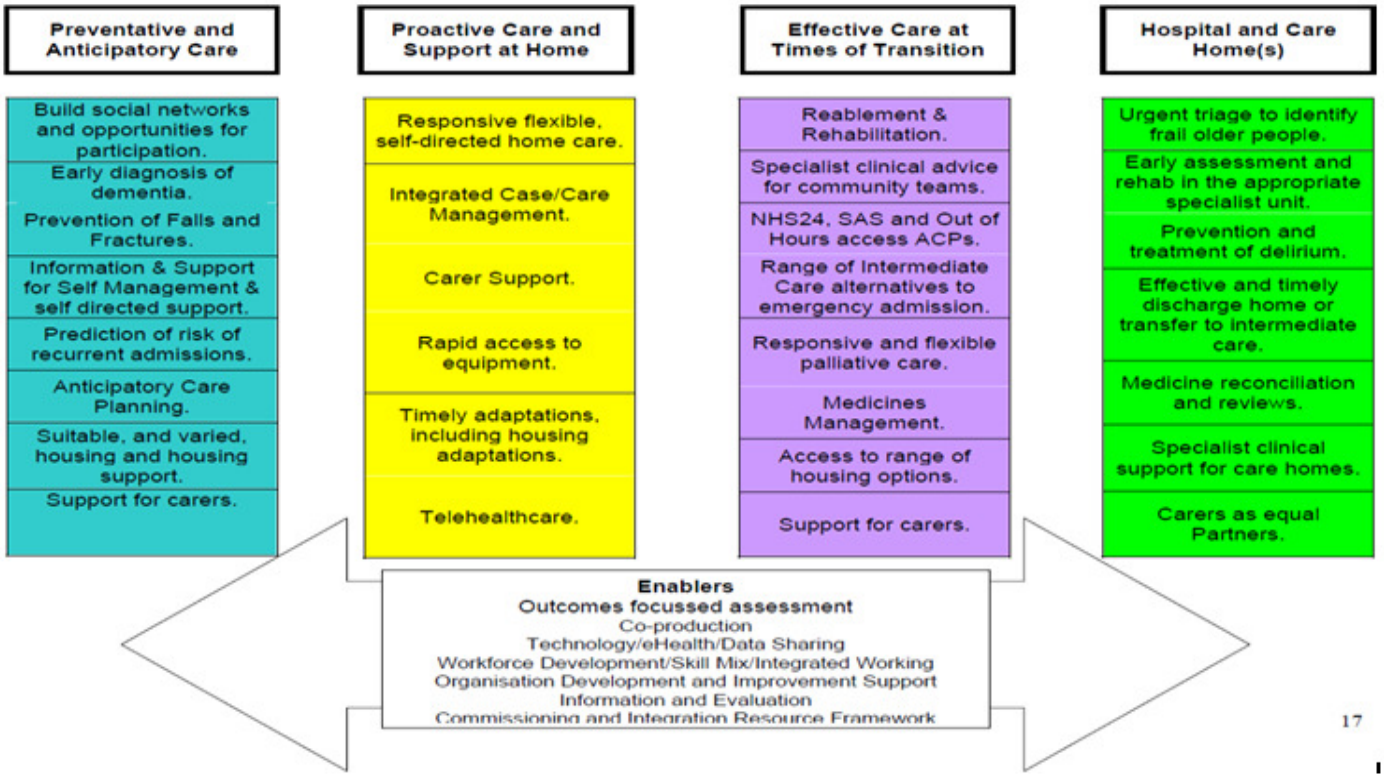
If we focus on inpatient services in the first instance this will help us to identify pathways and provide insight into possible alternative models of care and, importantly, what services are needed in communities. Patients need to be able to access inpatient care when required, but inpatient care is not always the answer. Being in an inappropriate setting will impact on health outcomes including recovery and independence. Unless we change our approach, the impact of the population changes and health needs will drive increasing demand for in inpatient care and impact on our ability to provide comprehensive community services.

NHS Borders inpatient services sit across 9 sites. The care we deliver is diverse but we need to satisfy ourselves that the quality of care we deliver is the highest possible standard, fit for the future, effective and is using our resources in the best possible way. An example of this is the way we deliver IV antibiotics in the Borders General Hospital. Individuals are admitted to receive this treatment but this could almost certainly be carried out in the patient's own home with reconfiguration of our services. We don't currently have the right number and configuration of services to meet the changing demographics of our population and therefore we need to consider how to modernise and adapt services.

The diagram below illustrates the scope of this review and identifies the workstreams that are already underway that will complement the review and be key dependencies.



When looking at the configuration of inpatient services we will need to consider and define the optimum pathway of care to keep the whole health system sustainable. The diagram below illustrates the community infrastructure and this will be central to consider as part of the review.



Complementary Work

It is important to note that there are other critical pieces of work that we will be delivering alongside this review, including the Transforming Outpatient Services review and the Institute of Healthcare Optimisation Workstream Both areas of work are already underway.

The Transforming Outpatient Services work is currently exploring the changing models of care. The aim of this work is to transform the way that Outpatient Services are delivered to become more efficient, effective, person centred and anticipate future demand to modernise services to better suit the needs of patients.

In relation to the Healthcare Optimisation work, this focuses on managing patient flow across the system. NHS Borders is one of four NHS Boards in Scotland embarking on a three year programme to improve patient flow sponsored by Scottish Government. The Institute for Healthcare Optimisation (IHO) will be supporting the project. IHO's Improving Patient Flow Methodology includes Variability Methodology, Queuing Theory and Operations Management Science.

Over the last 6 months IHO and Scottish Government have been supporting NHS Borders to gather and interpret local data. This diagnostic phase is now complete and a session took place with clinical and managerial stakeholders on the 5 December 2014 to review the data analysis and options for the next phase of this work. A decision was taken to progress the next of phase of this work with a focus on theatres and surgical inpatient flow.

This must be cognisant of Health & Social Care Integration. The commissioning of outcomes through the Integration Joint Board and its Strategic plan will influence and help inform and support this review.

Timeline

Regular progress reports will be scheduled into Board meetings, however an overall proposed overarching timescale of how this review would be delivered is detailed in the table below.

There will be a number of workstreams generated from this review and they will all have differing timescales attached. However inevitably there will be areas of good practice or more modern models of care that we will implement and progress along the way as appropriate. All of this will be in keeping with the spirit of this review and in direct dialogue with the public.

Activity	Description	Timescale
Launch of a full review of all NHS Borders Inpatient Services	Review group established with full role, remit and scope agreed. Robust project plan and outputs approved. This will include a full stakeholder analysis and Communications & Engagement plan developed. Project Workstreams identified.	April 2015
Collection of key data and examples of modern or innovative approaches to care	A full analysis of our patients currently in our inpatient services including bed modelling. Reviewing all information received from engagement exercise	May/June 2015
Dialogue with our communities, understanding what matters to our population	Conversations and listening points with all key stakeholders and the communities of the Borders	June/July 2015
Project workstreams identified in line with agreed scope and from dialogue with our population	Review all areas within scope including looking at other models of care and service delivery, regionally, nationally and internationally. This may identify examples of good practice that may have the potential to be implemented or tested at this stage of the review	July/August 2015
Dialogue with our communities – what we heard, what we have done, what the possibilities might be	Conversations with all key stakeholders to inform, engage and consult on initial findings from above work	August/September 2015
Identification of ideas	All potential ideas identified and considered and subjected to robust appraisal. This may identify examples of good practice that may have the potential to be implemented or tested at this stage of the review	October/November 2015
Shortlist of options agreed and prioritised	A shortlist of options agreed and worked up proposals to outline how services could be redesigned to deliver future needs and recommendations. These will be prioritised in the form of short, medium and longer term options	November/December/January 2015-16
Engagement with key stakeholders	Conversations with all key stakeholders to inform, engage and consult on preferred options	February – March 2016

Recommendations to Board	A report back to the Board to outline preferred options taking into account information received from above consultation	June 2016
Implementation	Full implementation of agreed options.	July 2016 onwards

A full communications and engagement plan will be produced to support all elements of this programme of work, however an initial map of key stakeholders is outlined in the diagram below.