

## Delivering for Health Quarterly Report

### Status Assessment

- Green - Objective on track to complete by agreed date. Marked "completed" if achieved.
- Amber - Objective still likely to be achieved but likely to be delayed
- Red - Objective will not be met

HDL (2006) 12 makes it clear that formal accountability for delivering the actions in Delivering for Health rests with the NHS Boards even where responsibility for some of these actions has been delegated to CHPs.

## Long Term Conditions

<u>Action</u>	<u>Date</u>	<u>Status</u>	<u>Commentary</u>
Community Health Partnerships apply the self-assessment Toolkit to implement improved management of long-term conditions. (CHPs)	December 2006	Green	<u>Roy Watts:</u> To be part of the implementation of the recommendations of the Long Term Conditions project during 2006/07, and to include the three Care Management pilots that are to run from September 2006. These pilots will also be subject to formal, independent evaluation.
Introduce intensive co-ordinated case management for patients with the most complex health care needs and vulnerability to emergency hospital admission. (CHPs)	December 2007	Green	<u>Roy Watts / Kate Bell:</u> Three care management pilots to be implemented from September 2006 to inform the development of care management Lanarkshire wide. They will use and carry forward the further development of the predictive, case finding and educational tools produced in partnership with NES in 2005/06.  It has been agreed in discussion with Stephen Kendrick that this work will be carried forward in partnership with the national ISD project on case finding/predictive tools and methods.

## Shifting the Balance of Care

<u>Action</u>	<u>Date</u>	<u>Status</u>	<u>Commentary</u>
Develop an action plan (through Community Health Partnerships) for the care of older people to ensure the following outcomes: <ul style="list-style-type: none"> <li>Greater integration of health and social care provision</li> <li>Fit for purpose technology used to support and monitor the care of older people at home</li> <li>Enhanced community based rehabilitation (CHPs)</li> </ul>	December 2006	Green	<u>Roy Watts:</u> The Action Plan including these three elements forms an integral part of the Local Improvement Targets (LITS) to be included in the 2005/6 Joint Performance Assessment and Information (JPIAF) submission. It is also part of the Joint Future Management Group/Older Peoples Partnership Group action plans for the North and South Lanarkshire Partnerships.  To be reviewed through the LITs interim report ( October 2006), the JPIAF submission 2006/07 and regular performance reporting to the Joint Future Groups
Develop collaborative budgets across primary and secondary care, linking where appropriate with	December 2007	Green	<u>Fiona Porter / John York:</u>

managed clinical networks. (CHPs)			These budgets will be developed in line with the local delivery plan and be managed throughout the financial year.
Produce an action plan to extend local care through, for example, enhanced primary medical services and community pharmacy.	December 2007	Green	<p><u>George Lindsay:</u></p> <p>There are a host of examples within pharmaceutical care model schemes demonstrating the extension of local care. Two examples include the rehabilitation of stroke patients within the community with home visits by community pharmacists to follow up care needs, and also the development of a system of medication recording to provide continuity of safe care for patients with learning disabilities who require medicines when at social work day centres.</p> <p>A further workplan, agreed with the CHP -Strategic Development and Implementation Committee, prioritises community pharmacies contribution to smoking cessation services and a contribution to reduce readmission rates of elderly patients discharged from hospital. Business cases for these services are to be presented to the CHP Strategic Development and Implementation Committee during August 2006.</p>

## Diagnosics

<u>Action</u>	<u>Date</u>	<u>Status</u>	<u>Commentary</u>
All laboratory departments should participate in the UK National Benchmarking Scheme organised by the University of Keele.	July 2006	Green	<p><u>Judith Hope:</u></p> <p>Arrangements are in hand for all NHSL laboratories to participate in this benchmarking in line with the guidance in 'Developing for Health'. Information for submission to the scheme will be available by the end of June 2006.</p>
Review of the equipment status and requirements of all imaging, Pathology and Laboratory Medicine departments and identification of an appropriate rolling capital budget for equipment purchase and renewal.	December 2006	Green	<p>(Professor Frank Carey, Clinical Leader in Pathology in NHS Tayside, is meeting representatives of the University of Keele in early July to discuss tailoring the system to Scottish circumstances).</p> <p><u>Roy Garscadden / Judith Hope:</u></p> <p>In 2005/06, as part of implementing <i>Better Equipped to Care</i> (Audit Scotland), a Core Equipment Group was established. A programme of replacement and new laboratory equipment was agreed and implemented.</p>

			In 2006, the Diagnostics Collaborative is driving a more focused in-depth look at radiology and endoscopy equipment, with replacement prioritised to secure delivery of HEAT targets. A prioritised list is being prepared in relation to the specific capital allocation for 2006/07.
Review and improve referring systems to avoid creation of diagnostic bottlenecks, demonstrating "matched clinical change" in any proposals	December 2006	Green	<p>Roy Garscadden / Judith Hope / Rosemary Lyness:</p> <ul style="list-style-type: none"> <li>• A Diagnostic Collaborative has been established;</li> <li>• Lead Clinician for each diagnostic component identified;</li> <li>• Mapping events underway / completed to identify current patient pathways with view to developing single patient pathway;</li> <li>• Single patient pathway developed for endoscopy services and negotiation taking place with clinicians across NHSL prior to implementation. Work in progress to agree single patient pathway for radiology;</li> <li>• Identification of current capacity together with activity assumptions to deliver diagnostic waiting time guarantees;</li> <li>• Development of action plan and investment plan (first phase) now agreed by Scottish Executive.</li> </ul>

## E Health

<u>Action</u>	<u>Date</u>	<u>Status</u>	<u>Commentary</u>
Roll out the Emergency Care Summary system, including access to out of hours services and NHS24.	June 2006	Green	<p>Robin Wright / John Duncan:</p> <p>The system is available and operational within NHS Lanarkshire but currently has a low level of use amongst clinicians due to functionality constraints.</p>
Ensure online access to test results and clinical letters through SCI store.	June 2006	Green	<p>Robin Wright / John Duncan:</p> <p>Laboratory results are fully operational in NHS Lanarkshire and work is in progress to achieve same with discharge letters.</p>
90% of referrals to hospitals sent electronically using gateway system.	June 2006	Amber	<p>Robin Wright / John Duncan:</p> <p>Currently achieved 70%, unlikely to achieve 90% due to delay in development of non-GPASS software - likely date of resolution late 2006.</p>
CHI Number introduced as common patient identifier.	June 2006	Green	<p>Robin Wright / John Duncan:</p>

			CHI compliance has been achieved in accordance with June 2006 target - further work ongoing to achieve December 2006 target.
A&E System in place	June 2006	Green	<u>Robin Wright / John Duncan:</u> National A&E System fully implemented in NHS
Commission and implement required modifications for "New Ways Waiting Times Definitions"	December 2006	Green	<u>Robin Wright / John Duncan:</u> Modifications have been commissioned in collaboration with other users of iSoft Systems in Scotland due to be delivered December 06
Introduce PACS to enable sharing of images within and between Boards	December 2007	Green	<u>Robin Wright:</u> NHS Lanarkshire has commenced contractual discussions with existing supplier to ascertain best tactical approach to transition to National PACS - existing system is embedded in Wishaw PFI Contract. In addition engagement has commenced with national contract team to design technical transition plan.

## Unscheduled Care

<u>Action</u>	<u>Date</u>	<u>Status</u>	<u>Commentary</u>
Carry out an audit of referral patterns to emergency centres from other parts of the system.	December 2006	Green	ISD taking forward a project to audit referral patterns from primary care. <u>David Hume / Fiona Beaton:</u> The Unscheduled Care Collaborative Project has provided a comprehensive dataset of emergency referrals into the 3 DGHs for 2005/06 and this will be used as part of the 2006/07 UCCP Action Plan to support the delivery of the 4 hour target in A&E and also to support the strategic planning process.
Develop community based services (incl community casualty units) taking account of regional review of emergency receiving services and planned care centres; fully considering opportunities to integrate with Community resource Hubs and Out of Hours services	July 2007	Amber	<u>Geoff Sage:</u> Work in these areas is being taken forward by the Unscheduled Care Collaborative and the Primary Care Strategy stream of the Modernisation Board. Out of Hours is already situated in Health Centres in Cumbernauld and Lanark. Plans will be taken forward to improve skills of professionals working in Out of Hours services to provide a more effective service for unscheduled care

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## Planned Care

<u>Action</u>	<u>Date</u>	<u>Status</u>	<u>Commentary</u>
Undertake a rigorous review of emergency and elective workflows and synchronise these to available resources	December 2005	Green	<u>Roy Garscadden/ David Hume:</u> Work in progress under the Unscheduled Care Collaborative to review workflows to inform adjustments and improvements to service delivery as part of agreed work streams.
Implement five simple changes in planned care (3 year improvement plan produced):	December 2006		
<i>1. Treat day surgery (rather than inpatient surgery) as the norm for planned procedures</i>		Green	<u>Rosemary Lyness / Roy Garscadden:</u> Increase percentage of day surgery rates - Surgical day case activity has increased by 16% to end June 2006. This equates to 740 patients, elective inpatient activity during this period dropped by 5% - 102 patients.
<i>2. Improve referral and diagnostic pathways</i>		Green	<u>Rosemary Lyness / Roy Garscadden:</u> Develop consistent pre-admission screening tools for all elective surgery across NHSL. Following extensive discussions, there is now agreement in principle from all 3 anaesthetic departments in NHSL that a common system both in terms of documentation and clinical approach is the right way to go. This will involve a lot of sharing / agreeing standard clinical protocols with all anaesthetists and nursing staff. It would be our intention to seek facilitation from the Modernisation team to help us organise a mapping event to agree the optimum clinical model. We will ensure patient representation on this group.

3. <i>Actively manage admissions to hospital</i>		Green	<u>Rosemary Lyness / Roy Garscadden:</u> Increase percentage of pre-admission assessment for all planned surgery. Increase percentage of same day admissions and earlier access to admission lounge. Work is underway to focus on ensuring 100% pre assessment of planned day cases and same day admissions across the acute division. Progress to date is that this figure has been realised at Hairmyres, and Monklands and Wishaw are progressing to this target.
4. <i>Actively manage discharge and length of stay</i>		Green	<u>Rosemary Lyness / Roy Garscadden:</u> Improve length of stay for elective admission patients by increasing patients being admitted on the day of surgery. Pilot the introduction of twenty-three hour stay areas. Work is currently underway to agree a system of piloting the introduction of 23 hour surgery for patients undergoing laparoscopic cholecystectomy and other clinically appropriate procedures. Work has begun to agree clinical models of care and operational policies and procedures. It is anticipated that 2 of the sites will pilot this concept during the autumn / winter 2006.
5. <i>Actively manage follow up</i>		Green	<u>Rosemary Lyness / Roy Garscadden:</u> Operational management of services rests with the general manager and clinical director with Lanarkshire wide responsibilities, reporting to Divisional Director of acute services.
Establish Referral Management Centres to extend referral options and facilitate patient choice at the point of contact.	December 2007	Green	<u>Roy Garscadden:</u> Patient focused booking already established providing options for patients on outpatient appointments. Work in progress to establish a single referral point with potential to streamline the referral process and provide for patients earlier and more appropriate access to services. Intention during 2006 to adopt a phased approach to introducing the centre with priority given to referrals for cancer, cataracts and orthopaedics.
Implement minimum national standards for surgery time and throughput for all surgical staff.	December 2007	Green	<u>Rosemary Lyness:</u> Appointment of Clinical Directors and their involvement (together with clinical

			<p>colleagues) in refinement of capacity plan with emphasis on maximising available capacity through service redesign and improved process and practice and robust performance monitoring and management.</p> <p>Scope the feasibility of introduction of two and a half theatre sessions a day. Explore opportunities to introduce more flexible operating times to maximise planned care activity.</p> <p>Introduction of system wide Theatre Management System in tandem with participation in NHSS Theatre Benchmark programme.</p>
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## Mental Health Services

<u>Action</u>	<u>Date</u>	<u>Status</u>	<u>Commentary</u>
Start implementation of the local elements of the CAMHS Framework.	December 2006	Amber	<p><u>A Cook:</u></p> <p>Substantial investment is required but not yet agreed. Exploring the extent to which elements of the framework could be implemented in the absence of improved funding. Developments will be prioritised in case additional funding is available.</p>
Develop local action plans based on National Mental Health Delivery Plan.	December 2007	Green	<p><u>A Cook:</u></p> <p>Not yet commenced, will follow national plan, late 2006</p>
Develop local integrated care pathways to meet national standards (available December 2007)	December 2008	Green	<p><u>A Cook:</u></p> <p>National work will inform this and so local work will commence late 2006</p>

## Child and Maternal Health

<u>Action</u>	<u>Date</u>	<u>Status</u>	<u>Commentary</u>
Agree local Integrated Children's service plans which	December	Green	<u>Richard Burgon:</u>

include acute services	2005		Integrated Children's Service Plans are in place with both Local Authority partners. These plans will be reviewed and updated to ensure effective performance against specific actions in the Summer of 2006.
Issue guidance and agree local delivery mechanisms for Hall4	December 2005	Green	<u>Richard Burgon:</u> The implementation of Hall 4 is on course and revised local delivery mechanisms will be implemented commencing in December 2006.
Start implementation of the local elements of Hall 4	December 2006	Green	<u>Richard Burgon:</u> The local delivery mechanisms for Hall 4 are being finalised with partner agencies and guidance will be issued to all interested partners in the Summer of 2006.
Start implementation of the CAMHS framework	December 2006	Amber	<u>Richard Burgon:</u> The CAMHS Strategy for Lanarkshire is currently in draft format. This Strategy demonstrates the synchronicity between the National Framework and the local direction for service development.
Start implementation of the local elements of Emergency Care framework	December 2006	Amber	<u>Richard Burgon:</u> The implementation of local elements of the Emergency Care Framework is dependent on finalisation of National and Regional Planning. At present this work is ongoing and little can be done on a local basis to implement the recommendations contained within the Emergency Care for Ill and Injured Children and Young People in Scotland Report at this stage.
Review models of care for children with complex care needs.	December 2006	Green	<u>Richard Burgon:</u> Children with Complex Care needs were considered as part of "Building on Good Foundations". Developments which have taken place include: <ul style="list-style-type: none"> <li>▪ the development of the Community Children's Nursing Service</li> </ul>

			<ul style="list-style-type: none"> <li>▪ defining and re-aligning the nursing input into schools for children with a profound learning disability</li> <li>▪ the development of the Children's Respite Facility South Lanarkshire in Hamilton</li> <li>▪ negotiated packages of care for some individual children with the most complex needs.</li> </ul> <p>An overall strategic approach, in partnership with Education and Social Work has not yet been achieved, although this work is ongoing.</p>
Implement local aspects of Child Health Action Framework.	December 2008	Green	<p><u>Richard Burgon:</u> The Consultation on "Delivering a Healthy Future - An Action Framework for Children and Young People's Health in Scotland" concluded in July 2006. It is anticipated that beyond this Consultation period specific actions for local implementation will be identified for implementation. These items will be driven forward by the Modernisation Board for Children's Services recently established in NHS Lanarkshire.</p>
Implement local aspects of adolescent care and children's surgery review	December 2008	Green	<p><u>Richard Burgon:</u> As noted above issues related to adolescent care and the provision of surgical services to children were included in the Consultation paper "Delivering a Healthy Future - An Action Framework for Children and Young People's Health in Scotland". Beyond the Consultation specific actions will be identified for local implementation. The mechanism in Lanarkshire for ensuring this implementation will be the Modernisation Board for Children's Services.</p>
Establish care pathways for the 10 commonest acute conditions (subject to national initiative 2006-7)	December 2008	Green	<p><u>Richard Burgon:</u> As noted above, these issues were contained in the "Delivering a Healthy Future" Consultation paper. When the ten commonest acute conditions in children are agreed, Care Pathways will be established locally with primary, secondary and tertiary care providers.</p>

Implement key worker model for children with complex needs at local level.	December 2008	Green	<u>Richard Burgon:</u> The key worker model within the NHS is already largely in operation through the Community Children's Nursing Team taking this responsibility for children with complex care needs. An overall interagency key worker model remains to be developed with partner agencies.
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## Neuroscience

<u>Action</u>	<u>Date</u>	<u>Status</u>	<u>Commentary</u>
CHPs and primary care teams work with Scottish Neuroscience Council to scope level N1 of the single service. Work on unplanned neurological activity in conjunction with community casualty service	December 2005	Amber	<u>C Sloey:</u>  NHSL neurology services are commissioned from the Southern General in Glasgow. A clinical lead for neurology has been nominated to be responsible for service development locally, including participation in the WoS MCN.  The Lead Clinician, Consultant in Public Health Medicine and Associate Medical Director are currently working together to specify what services in primary care will look like, the protocols underpinning these, and how they will relate to services at levels N2 and N3.

## Others

<u>Action</u>	<u>Date</u>	<u>Status</u>	<u>Commentary</u>
Contribute to Regional Workforce plans.	January 2006	Green	<u>Kate Thomas:</u>  January plan submitted. Process led by Workforce Steering Group.
Produce Board Workforce plans.	April 2006	Green	<u>Kate Thomas:</u>  Completed and submitted to Board April 2006.