

**A PICTURE OF HEALTH**  
**“DELIVERING FOR HEALTH”**  
**SELF-ASSESSMENT OF PROGRESS**

Attached is a schedule which sets out the progress towards implementation of the objectives in “Delivering for Health”.

The format of the report was agreed regionally, and progress in respect of NHS Lanarkshire’s activities is noted against the Regional and Local objectives.

The Board will wish to note the progress to date, and the importance of ‘A Picture of Health’ in helping to deliver its principal recommendations.

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20.06.06

**DELIVERING FOR HEALTH  
SELF-ASSESSMENT OF PROGRESS – MAY 2006**

‘Delivering for Health’ objective	Action by Health Department, West of Scotland Region or NHS Lanarkshire	Comments
<b>Shifting the Balance of care</b>		
<b>National</b>		
<b>2006</b>		
Determine the optimal set of indicators to identify those high-risk patients who would most benefit from intensive case management. (SEHD working with NHS Boards)		
Develop a national programme for GPs with special interests (GPwSI). (NES, RCGPs)		
Introduce a ‘tool kit’ to enable CHPs to benchmark the development of local services for those with long-term conditions. (SEHD)		
Establish a national strategy for care of long-term conditions and establish a Scottish Long Term Conditions Alliance. (SEHD)		
Pilot Reducing Health Inequalities approach in 2006/2007 in up to five CHPs by continuing with existing methods in high risk areas of alcohol, smoking, diet and physical activity. (SEHD)		
Implement five simple changes across NHSScotland that will raise all NHS Boards to the standard of the best. (SEHD)		
<b>2007</b>		
Use the evidence gathered from the pilots to inform more general and widespread application of the ‘anticipate and prevent’ approach elsewhere. (SEHD)		
<b>Regional</b>		
<b>2007</b>		
Ensure compatibility with regional plans for streaming of unscheduled and planned care and the development of community resource hubs	Unscheduled Care & Waiting Times & Capacity Workstreams in place. Will need to review landscape of and linkages into community resource hubs as these develop	<b>AMBER</b> Will need to revisit in summer 2006

Local		
2006		
<p>Development of an action plan for the care of older people to ensure the following outcomes:</p> <ul style="list-style-type: none"> <li>• greater integration of health and social care provision</li> <li>• A range of assisted living technology to support the care of older people at home</li> <li>• enhanced community based rehabilitation. (CHPs)</li> </ul>	<p><u>Roy Watts:</u></p> <p>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</p>	<p>To be reviewed through the LITs interim report (October 2006), the JPIAF submission 2006/07 and regular performance reporting to the Joint Future Groups</p>
<p>CHPs to apply self-assessment framework to implement improved management of long-term conditions. (CHPs)</p>	<p><u>Roy Watts:</u></p> <p>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</p>	
2007		
<p>Intensive co-ordinated case management for all those in Scotland with the most complex health care needs and vulnerability to emergency hospital admission. (NHS Boards)</p>	<p><u>Roy Watts / Kate Bell:</u></p> <p>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</p>	<p>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</p>
<p>NHS Boards to demonstrate use of primary medical services and community pharmacy to extend local care.</p>	<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>	

Develop collaborative budgets across primary and secondary care, linking where appropriate with managed clinical networks. (CHPs)	<u>Fiona Porter / John York:</u> These budgets will be developed in line with the local delivery plan and be managed throughout the financial year.	
<b>Diagnostics</b>		
<b>National</b>		
<b>2006</b>		
Agree core radiology data set for NHSScotland. (SEHD).		
Feasibility study into development of an ultrasound education programme open to non-radiographers including AHPs and assistant practitioners (NES).		
Feasibility study for centrally co-ordinated radiologist on-call service for imaging.		
Dissemination of capacity, demand, activity analysis methodology.		
Comprehensive Scotland-wide application of a fit for purpose Radiology Information System (RIS).  Benchmark and monitor performance using data collected through RIS. (SEHD).		
Strategic Review of the development and implementation of molecular diagnostic services using the model of the Scottish Molecular Genetics Consortium (SEHD).		
<b>2006-7</b>		
Replacement of Aberdeen PET Scanner (SEHD Phase 1). Establishment of departmental advisory group to assess potential future developments in light of experience.		Replacement Programme in place. Projected completion 27 march 2006.
<b>2007</b>		
National PACS coverage for June 2007. (SEHD).		
Purchase of Glasgow PET Scanner (SHED Phase 1)		
<b>2008</b>		
Provision of electronically embedded evidence-based guidance for referring healthcare professionals at the time of referral to reduce inappropriate demand. (SEHD).		
<b>Regional</b>		
<b>2006</b>		
Review of non-NSD funded	No action identified to date	RED

specialist services in Lab medicine should be undertaken to provide national oversight.		Would this be easier to do on an inter-regional basis with one region taking a lead?
Feasibility study into development of regional teams including regional consultants deployable throughout the region.	Regional Imaging group being established and will review this	AMBER
Explore opportunities to separate image acquisition/testing and reporting	Regional Imaging group being established and will review this	AMBER
<b>2007</b>		
Review configuration of imaging and lab services in light of emergency and planned care proposals and review of non-NSD funded specialist services.	This would be commissioned subsequent to report from Unscheduled and Waiting Times Workstreams	AMBER
Establish Managed Diagnostic Networks, building on the model of the Scottish pathology Network	No action identified to date for regional MCNs in Imaging and labs and unsure re appropriateness if regional imaging group is in place	RED
<b>Local</b>		
<b>2006</b>		
All NHS Boards to demonstrate "matched clinical change" in any proposals to change or develop referring systems to avoid creation of diagnostic bottlenecks. (Boards)	<u>Roy Garscadden / Judith Hope / Rosemary Lyness:</u> <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 to identify current patient pathways with view to developing single patient pathway.</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.</li> </ul>	
All laboratory departments should participate in the UK National Benchmarking scheme organised by the University of Keele. (NHS Boards)	<u>Judith Hope:</u> 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.	
<b>NHS Boards in collaboration with RPG</b>		
<b>2006</b>		
Review equipment status and requirements of all imaging, pathology and laboratory medicine depts. & identification of appropriate rolling capital budget for equipment purchase & Renewal (Board in conjunction with relevant RPGs	<u>Roy Garscadden / Judith Hope:</u> <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> <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 will be submitted to SEHD by 15 June 2006 in relation to the specific capital allocation for 2006/07.</p>	

<b>e-Health</b>		
<b>National</b>		
<b>2006</b>		
'New Ways Waiting Times Definitions.' Define IT system changes required, support system modifications. (SEHD)		
<b>2007</b>		
ePharmacy, development and implementation of electronic infrastructure and support for the Community Pharmacy Strategy. April 2007. (SEHD)	<p><u>George Lindsay:</u></p> <p>A community pharmacist IM&amp;T facilitator has been appointed. This has helped greatly to ensure that all NHS Lanarkshire pharmacies are enabled for full implementation of the New Pharmaceutical Care Services Contract from June 2006.</p> <p>Longer term it is also a great help in developing more efficient working and communication methods within the contracted Pharmaceutical service which aids both single system working and fulfilment of the requirements for the New Pharmaceutical Care Services Contract.</p>	
Procurement of a single information technology system for NHS Scotland with the following key features: <ul style="list-style-type: none"> <li>• Electronic health record available to all those who require it to provide patient care across the NHS</li> <li>• Patient access to the record and facility to update it</li> <li>• Picture Archiving and Communications (PACS).</li> <li>• Electronic prescribing</li> <li>• Electronic booking</li> <li>• Evidence-based decision-making support at the front end of electronic requesting systems for diagnostic tests. (SEHD)</li> </ul>		
National coverage for PACS. June 2007. (SEHD)		
Establishment of a Scottish Centre for Tele-health based in Aberdeen to develop nationally applicable approaches to tele-health. (SEHD)		
<b>Regional</b>		
No Regional actions required	Regional e-health group being	<b>AMBER</b>

but	established through specialist service workstream	
<b>Local</b>		
<b>2006</b>		
A single national patient IT record system, which contains key information from GP records such as current medication and allergies. Known as the <i>Emergency Care Summary</i> system, access with the patient's consent will be available to out-of-hours services and NHS 24. June 2006. (NHS Boards)	<u>Robin Wright / John Duncan:</u>  The system is available and operational within NHS Lanarkshire but currently has a low level of use amongst clinicians due to functionality constraints	
A single patient IT record system known as <i>SCI Store</i> in each NHS Board area which gives staff caring for patients online access to test results and clinical letters. June 2006. (NHS Boards)	<u>Robin Wright / John Duncan:</u>  Laboratory results are fully operational in NHS Lanarkshire and work is in progress to achieve same with discharge letters	
A single patient IT communication system known as <i>Gateway</i> used by GPs to send electronically 90% of referrals to hospitals. June 2006. (NHS Boards)	<u>Robin Wright / John Duncan:</u>  Currently achieved 70%, unlikely to achieve 90% due to delay in development of non-GPASS software - likely date of resolution late 2006.	
CHI Number update. June 2006. (NHS Boards)	<u>Robin Wright / John Duncan:</u>  CHI programme in place and on target to achieve compliance	
A&E System in place. June 2006. (NHS Boards)	<u>Robin Wright / John Duncan:</u>  National A&E System fully implemented in NHSL	
"New Ways Waiting Times Definitions." Commission and implement required modifications. (NHS Boards)	<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	
<b>2007</b>		
Ensure local preparedness for PACS. (NHS Boards)	<u>Robin Wright:</u>  NHS Lanarkshire have 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.	
<b>Unscheduled Care</b>		
<b>National</b>		
<b>2006</b>		
Enhance skills of paramedics in key communities to improve locally available medical resources and improve emergency response times. (SAS)		
<b>2006-7</b>		
Develop a specialist service to support high-dependency transfers which includes the full and active participation of intensive care specialists and specialised nursing staff. (SAS).		
<b>2007</b>		
Produce competency-based education frameworks to support the Kerr Report's unscheduled care recommendations. (NES).		
<b>Regional</b>		
<b>2006</b>		
Review emergency receiving services on a regional basis in conjunction with plans to develop regional plans to develop regional planned care centres by end of 2006. (p47)	Unscheduled Care Work stream has completed a detailed service mapping and workforce modelling exercise. Work now continues between Boards and on level 2 plus. Waiting Times & Capacity Group is focussing on Orthopaedics and will provide an initial report in spring 2006. The Service Models Group will need to take an overview of the output from both groups.	<b>AMBER</b>
<b>2007</b>		
Implementation of regional review findings to secure appropriately staffed and resourced Emergency Centres; and distribution of core emergency admitting services determined by 21 <sup>st</sup> Century demands.	Implementation will be as a result of Service Models Group decision making and outcome of Ayrshire and Lanarkshire consultations	<b>GREEN</b>
<b>Local</b>		
<b>2006</b>		
Audit & feedback on referral patterns to emergency centres from other parts of the system.	<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	Local unscheduled care collaboratives collecting this data.

	support the strategic planning process.	
<b>2006-7</b>		
Development of community based services (including community casualty units) taking account of the regional review of emergency receiving services and planned care centres; considering opportunities to integrate with Community health centres and OOH services. These services should be linked to other levels of unscheduled care using...telemedicine.	<p><u>Geoff Sage:</u></p> <p>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.</p> <p>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</p>	Links to regional objectives and level 2 plus work
<b>Planned Care</b>		
<b>National</b>		
<b>2006</b>		
Establish a list of day case procedures, measure and act on variation between NHS Boards in rates of day case surgery for these procedures. (SEHD)		
<b>2007</b>		
Develop minimum expectations for surgery time and throughput for all surgical specialists. (SEHD / Royal Colleges)		
<b>2007-8</b>		
Radiotherapy: achievement of 25 modern Linear accelerators for Scotland: <ul style="list-style-type: none"> <li>• Glasgow, 11</li> <li>• Edinburgh, 6</li> <li>• Aberdeen, 3</li> <li>• Dundee, 3</li> <li>• Inverness, 2</li> </ul>		
<b>2008</b>		
Radiotherapy Activity Planning Review. (SEHD)		
<b>Regional</b>		
Work together with SAS to ensure effective networks of hospital care are in place. (p45)	SAS represented and participating on Unscheduled Care Group and RPG. Recent work has highlighted potential need for more regular planning forum	<b>AMBER</b>
<b>2006</b>		
Produce plans for regional planned care centres in conjunction with review of emergency admitting services.	Take plans forward through Service Models Workstream.	<b>AMBER</b>

<b>2007</b>		
Begin work to establish Planned care centres on a regional basis.	Will be reviewed for two specialties initially	<b>AMBER</b>
<b>Local</b>		
Following advice from Regional cancer MCNs, extra staff and equipment have been provided to reduce waiting times, but NHS Boards still need to achieve further reductions in waiting times. (p13)	<u>Judith Hope / Roy Garscadden:</u> <ul style="list-style-type: none"> <li>• Establishment of Lanarkshire Cancer Group.</li> <li>• Appoint Lead Clinician for each tumour type.</li> <li>• Capture of real time patient information.</li> <li>• Mapping events for each main tumour type (linked to other mapping events to avoid duplication) to identify current patient pathway with view to developing single patient pathway.</li> <li>• Establish consistent and robust MDT arrangements.</li> <li>• Mechanism being established to more effectively track and manage individual patients.</li> </ul>	
<b>2006</b>		
Implement five simple changes in planned care. (NHS Boards, CHPs)pp27-29 of Delivering for health	<u>Rosemary Lyness / Roy Garscadden:</u> <ul style="list-style-type: none"> <li>• Increase percentage of day surgery rates;</li> <li>• Increase percentage of pre admission assessment for all planned surgery;</li> <li>• Pilot the introduction of twenty-three hour stay areas;</li> <li>• Increase % of same day admissions and earlier access to admission lounge;</li> <li>• Scope the feasibility of introduction of two and a half theatre session a day.</li> </ul>	
<b>2007</b>		
Ensure achievement of minimum standards for surgery time and throughput for all surgical staff. (NHS Boards)	<u>Rosemary Lyness:</u> Appointment of Clinical Directors and their involvement (together with clinical 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.  Introduction of system wide Theatre Management System in tandem with participation in NHSS Theatre Benchmark programme.	
<b>Rural Health Care</b>		
<b>National</b>		
<b>2006</b>		
Establish a virtual school of rural health to ensure appropriate workforce development (NES)	Established as sub-project of Rural Steering Group, an inter-regional collaboration led by The West of Scotland. (REDS)	Should this not be in collaboration with service design plans and led by Rural health Strategy?
Review HEMS and if necessary, enhance in remote & rural areas (NES)	Established as sub-project of Rural Steering Group, an inter-regional collaboration led by NoSPG (HEMS) with West of Scotland input	Is NES appropriate organisation - inter-regional review, led by Rural Steering Group?
Rural general surgeons and physicians recognised as specialists with appropriate training (NES) and career pathways (SEHD)	Established as sub-project of Rural Steering Group, an inter-regional collaboration led by The West of Scotland. (RGH) Chaired by Fiona Mackenzie	Joint group - Rural Steering group, Academy of royal Colleges and NES.
<b>2007</b>		
Implementation of co-ordinated structure for GPwISs (RCGP/NES)	Links with Rural training pathways project	Linked to Rural Steering group? Joint group - Rural Steering group, Academy of royal Colleges and NES.
<b>Regional</b>		
<b>2006</b>		
Co-ordinate provision of Services from all suppliers in R&R OOH hubs	Established as sub-project of Rural Steering Group, an inter-regional collaboration led by The West of Scotland. (1° Care Framework)	<b>GREEN</b>
Undertake feasibility study on national system of triage and service co-ordination in OOH hubs	Links to emergency role for RGH	<b>AMBER</b>
<b>2007</b>		
Develop RGH model expressed by Kerr: 1. The West of Scotland in collaboration with WoSPG to establish a strategic network to oversee the development of RGHs. 2. Formalise links to specialist centres to deliver a range of services specified as appropriate in RGHs.	Established as sub-project of Rural Steering Group, an inter-regional collaboration led by The West of Scotland. (RGH)	<b>AMBER</b>

Local		
2006		
Audit and feedback on referral patterns to emergency centres from other parts of the system. (NHS Boards, CHPs)	N/A - NHSL does not have 'remote' areas in terms of RARARI.	

Mental Health Services		
<b>National</b>		
<b>2006</b>		
National & regional analysis of specialist service needs and implications for redesign by Dec 2006.		Will inform regional agenda.
<b>2008</b>		
Report on interim progress in delivery of CAMHS Framework.		
<b>2009</b>		
Redevelopment of Carstairs Hospital.		Patient transfer and Resource transfer issues.
<b>Regional</b>		
<b>2009</b>		
WoS medium secure unit open	Planning mechanism in place through RPG	AMBER
<b>Local</b>		
<b>2006</b>		
Start implementation of the local elements of the CAMHS Framework (NHS Boards)	<u>A Cook:</u> 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.	
<b>2007</b>		
Development of local action plans based on National Delivery Plans. (NHS Boards)	<u>A Cook:</u> Not yet commenced, will follow national plan, late 2006	
<b>2008</b>		
Development of local ICPs to meet National Standards. (NHS Boards)	<u>A Cook:</u> National work will inform this and so local work will commence late 2006	
<b>Child &amp; Maternal Health</b>		
<b>National</b>		
<b>2006-7</b>		
Development of care pathways for the 10 commonest acute conditions for children.  Initiate reviews of adolescent care and general surgery services for children and	<u>Richard Burgon:</u> Refers to recommendation in "Emergency Care - A consultation on emergency care for ill and injured children and young people in Scotland"  Both these reviews will have significant local impact	

produce action plan for implementation.  Agree workforce plans for child health staff and initiate scoping exercise for children's nursing which defines future modules of delivery and roles.		
2007-8		
Support delivery of the AF and specific service frameworks for CAMHS and Emergency Care. QIS to carry out specific visits to local NHS systems.	<u>Richard Burgon / A Cook:</u>  Action Framework for Child Health Services published for consultation (2 months) on 7 <sup>th</sup> April. To be discussed at Child Health Strategy Group on 8 <sup>th</sup> May	
2009		
Agree delivery of specialist acute hospital provision in children's hospitals.	<u>Richard Burgon / J Hope:</u>  Consultation on the new Glasgow Children's Hospital launched in April. To be discussed at Child Health Strategy Group on 8th May	
<b>Regional</b>		
2005		
Establish Child health Regional Planning Groups	Planning Group in place	<b>GREEN</b> Need to review leadership and membership e.g. workforce input
Regional Planning for the expansion of adolescent psychiatric inpatient sector	Adolescent Mental Health Group pursuing - FBC submitted	<b>GREEN</b>
2006		
Regional planning Groups to develop workforce projections for children's services	No action as yet - action via Paediatric Planning Group	<b>RED</b> Need to factor into workforce action plan for September 2006
RPGs to produce action plan for the delivery of acute care at a local and regional level.	No action as yet - action via Paediatric Planning Group	<b>RED</b>
2007		
Implement action plans for the provision of surgery on a regional basis with hub and spoke models and regular training courses for surgeons and anaesthetists by specialist centres to ensure that skills are kept up to date. All hospitals must meet agreed standards for paediatric surgery.	Paediatric Planning Group Regional Working Group established (C. Clark chairing)	<b>AMBER</b>
Implementation of psychiatric adolescent inpatient proposals in regional planning areas to be completed by 2010.	Adolescent Mental Health Group - FBC submitted	<b>GREEN</b>

Local		
2006		
<p>Start implementation of the local elements of the Hall4 and the CAMHS and Emergency Care Frameworks.</p> <p>NHS Boards to review models of care for children with complex care needs.</p>	<p><u>Richard Burgon / A Cook:</u></p> <p>Implementation of Hall4 ongoing. CAMHS strategy still substantially stalled. Planning capacity is major issue. No work commenced on Emergency Care framework</p> <p>Children with Complex Care needs were considered as part of "Building on Good Foundations". Developments which have taken place include:</p> <ul style="list-style-type: none"> <li>▪ the development of the Community Children's Nursing Service</li> <li>▪ defining 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>However, an overall strategic approach, in partnership with Education and Social Work has not yet been achieved. The original driver for this recommendation seems to be a report which forms an annex to the Care in Local Setting Action Team Report under the Kerr Report itself.</p>	
<p>NHS Boards to produce local workforce plans to include services for children services.</p>	<p>Completed</p>	
2007-8		
<p>Implement local aspects of AF, adolescent care and children's surgery review and establish care pathways for the 10 commonest acute conditions.</p>	<p><u>Richard Burgon:</u></p> <p>Dependent on prior national work (see above)</p>	
<p>Implement key worker model for children with complex needs at a local level.</p>	<p><u>Richard Burgon:</u></p> <p>The key worker model within the NHS is already largely operational through the Community Paediatric Nurses. An overall interagency key worker model requires to be</p>	

	developed.	
<b>Tertiary Paediatric Care</b>		
<b>National</b>		
<b>2005</b>		
Produce Recommendations: National, regional & local MCNs, including phased implementation programme over 5 years.	Within workplan. Priority to be reviewed	
Develop capacity to provide strategic & corporate leadership in planning specialised children's services (SEHD working with CYPHSG, RPGs to prioritise & plan services.	RPG well represented on CYPHSG	
Define workforce requirements for specialist paediatric services for the next 5 years.	Developing baseline information in Jan 2006 regional workforce plan. Further detail in Sept 2006.	
<b>2006</b>		
National commissioning of the PICU Service for a period of five years. Establishment of the national critical care network. (SEHD)	Paediatric High Dependency Audit to be piloted in Lanarkshire in summer 2006	
Development of a National Managed Clinical Network for Paediatric critical care. (SEHD)		
<b>2006-7</b>		
Implementation of MCN strategy for specialist paediatrics including national MCN for children's cancer services.	(C.Clark on working group)	
<b>2007-9</b>		
Support the delivery of MCNs & specialist services at a regional & local level.	Build on outcomes from 26 Oct 2005 workshop.	
<b>Regional</b>		
<b>2006</b>		
Start implementation of specialist paediatric MCN strategy with an emphasis on proposals for those services already reviewed: e.g. children's cancer services, gastroenterology, complex respiratory, neurology	Plan to manage this through WoS Paediatric Planning Group need to review implications of 4 identified reports for work of WoS.	<b>RED</b> Need to review leads in this area
Development of HDU in Aberdeen, Dundee, Edinburgh and soon to be established HDU in Glasgow as regional lead HDU centres within a national network	Role for NSD linking with regional groups.	<b>AMBER</b>
Development of 2 Paediatric ICUs in Edinburgh & Glasgow as lead PIC centres within a network, operating as a single PICU on 2 sites.	Role for NSD	<b>RED</b> Timescale is not realistic
RPGs & SAS to ensure that: 1. Child taken to most appropriate hospital determined by need. 2. rapid and reliable transfer arrangements to escalate level of support when required.	Not identified in work-plan. Significant inter regional input needed <u>Refers to recommendation in "Emergency Care - A consultation on</u>	<b>RED</b>

3. Return transport arrangements available as part of discharge protocols.	<u>emergency care for ill and injured children and young people in Scotland"</u>	
<b>2007 -9</b>		
Plans brought forward for the provision of age appropriate care at DGH and for specialist services.	Not formally identified in work-plan, linked to reviews of individual services.	<b>AMBER</b>
<b>Maternity Services</b>		
<b>National</b>		
Establish a national maternity Services Support Group, which will oversee the implementation of the national strategy, through linking with the regional support structures, identifying priorities for \action & negotiating national work with a range of bodies including NHSQIS & NES. (p61)	First draft of EGAMS group in place. Regional Scoping Report complete. Further work needed <u>Local maternity services strategy in draft</u>	
<b>Neurosurgery &amp; Neurosciences</b>		
<b>National</b>		
<b>2005</b>		
Establish a working group to begin advising on implementation of recommendations.		
<b>2006</b>		
Working group begins needs assessment for neurosciences. Work starts on: 1. Service model (MCN), including integrated care pathways 2. Standards for neurosurgery 3. Minimum dataset & audit arrangements 4. Implications for wider services, including neurology & neurophysiology		The West of Scotland considering regional review of neurosciences
<b>2007</b>		
Working Group submit proposals to SEHD		
Identify preferred prime site for paediatric & adult neurosurgery		
Identify other preferred sites for sub-specialist neurosurgery		
<b>2008</b>		
Undertake consultation on proposals. (SEHD)		
<b>Regional</b>		
<b>2006</b>		

Consider regional appointments to new service model.	Specialist Services Workstream has identified regional planning in Neurosciences as a priority for 2006. Need to revisit regional service models to provide service context for new appointments	AMBER
<b>Local</b>		
<b>2005</b>		
CHPs & primary care to scope Level N1 of the single service. Work on unplanned neurosurgical activity in conjunction with community casualty service.	<u>I Ross / C Sloey:</u> NHSL neurology services are commissioned from the Southern General in Glasgow.  A clinical lead for neurology is being nominated to be responsible for service development locally, including participation in the WoS MCN.	Needs to be linked both regionally and nationally.
<b>Transport</b>		
SAS, NHS 24 & NHS Boards will work collaboratively at a regional level to ensure that a resilient transport system for urgent cases is in place.	Cross boundary flow work undertaken in relation to <i>Picture of Health</i> .  Regional Ambulance Service Group also established	No regional project for streaming unscheduled & planned care - although transport project identified as a longer term priority.
<b>Workforce Planning</b>		
<b>National</b>		
<b>2006</b>		
A national workforce plan to be produced by Dec 2006, informed by bottom-up evidence obtained from regional and NHS Board workforce plans on their future demands for staff. (p64)		
<b>Regional</b>		
Regional Workforce plans by Jan 2006 & each September thereafter.	January plan submitted Process led by Workforce Steering Group.	
<b>Local</b>		
NHS Board workforce plans to be produced by April 2006 and April thereafter; ...part of local health planning process and in alignment with the Regional workforce plan.	<u>Kate Thomas:</u> Completed and submitted to Board April 2006.	