

Date of Board Meeting: 9th May 2005

Name of Paper: NHS Argyll & Clyde Redesign Programme Plan	
Author(s): David Meikle, Martin Hopkins	In attendance Yes
Summary of Key Points: The paper updates the Board on:	
<ul style="list-style-type: none"> • Detailed plans for the implementation of care in the community • Detailed healthcare plans for the available options for district general hospital services • Detailed healthcare plans for primary care development • Implementation of the community development process for Argyll and Bute. 	
Action Required by NHS Board: The Board is asked to note the report	
Organisations and Individuals Consulted: Service Strategy and Redesign Committee Redesign Steering Group	
Financial Impact: (This section <u>must</u> be completed) Within existing resources	
Source of Funding:	Funding Required:
Paper referred to:	
Division(s)	Reason for referral:
Finance & Performance Committee	
Audit Committee	
Health & Clinical Governance Committee	
Staff Governance Committee	
Professional Advisory Committees	
Executive	
Local Authorities	
SIPS	
Partnership Forum	
Other (give details)	

NHS Argyll & Clyde Redesign Programme Report May 2005

1. The NHS Argyll & Clyde Redesign Programme is derived from the recommendations of the Argyll & Clyde NHS Board at its meeting on 8th November 2004 to deliver four planning workstreams and to implement local redesign of pathways of patient care. The four planning workstreams are:

- Detailed plans for the implementation of care in the community
- Detailed healthcare plans for the available options for district general hospital services
- Detailed healthcare plans for primary care development
- Implementation of the community development process for Argyll and Bute.

This paper reviews progress and sets out forthcoming milestones.

Care in the community

2. The SEHD has approved the recommendations made by the NHS Board for Care in the Community, commenting on the thorough and wide-ranging consultative process which fulfilled both the spirit and the letter of the Department's current guidance.

3. Care in the Community is being implemented through local partnerships, established in Local Partnership Agreements, developed by NHS Argyll & Clyde operating divisions/ community health partnerships with local authorities and other local partners.

4. The plans are being developed jointly and will include provision for joint resourcing and joint management of services in community care. The plans will be flexible and innovative, taking advantage of the opportunities provided by Joint Future to create optimal local solutions. The plans will include the provision of appropriate inpatient services.

5. The local plans will agree the comprehensive range of local services that will be provided, the functions delegated to local authorities and NHS Argyll & Clyde and the pooling of resources in support of joint services. They will include arrangements for delegation to allow local partners to provide an integrated service with clear day to day leadership for functions relating to either a community care client group or community care generally.

6. As part of their Local Partnership Agreement, the local partners will develop a governance framework under which the delegated services will be managed, and which demonstrates the delegating partner's accountability for the service or activity delegated. An important element in the overall governance arrangements will be for the NHS Board to ensure that the benefits of Care in the Community are fully delivered with a clear focus on the provision of patient-centred services in local communities. It is proposed to put in place agreed re-provision of services by March 2007 to allow the proposed closures to take place soon thereafter. This timescale is reflected in NHS Argyll & Clyde's 5 year Financial Plan.

7. Any changes to staff roles and deployments will be in line with NHS Argyll & Clyde's organisational change policy. In developing joint working, staff will be involved in the planning process and consulted on proposals. Any arrangements for

staff transfers, developed in partnership with local staff forums will protect the terms and conditions of staff in line with the principles of the Transfer of Undertakings (Protection of Employment) Regulations (TUPE) 1981.

8. Progress towards full implementation of Care in the Community will be monitored and reported back to the Board and to the Scottish Executive Health Department through the Performance Assessment Framework. NHS Argyll & Clyde will assure the Scottish Executive Health Department through the submission of detailed reports that all services have been re-provided prior to closing each of the hospitals recommended for closure.

District general hospital services

9. The imminent publication of the National Framework and a ministerial decision on the future are required to progress the work on district general hospital services. Nevertheless considerable work has been done to prepare the essential building blocks for this work.

10. The clinical leadership programme has enabled us to ensure that clinical involvement and leadership is at the core of NHS Argyll & Clyde's redesign together with designated managers supporting each group:

	Clinical Lead	Management Support
Accident & Emergency	Frank Westerduin (IRH)	Sharon Adamson
Anaesthetics	John Dickson (RAH)	Ruth McIntyre
Surgery	Mike McKirdy (RAH)	Jim Bretherton
Orthopaedics	Paul Allcock (RAH)	Alison Douglas
ENT	Aileen White (RAH)	Bruce Barnett
Medicine including Medicine for the Elderly	Graham Curry (IRH)	Jacquie Campbell
Services for Older People integrated with Medicine for the Elderly	Marion McGhee (Renfrewshire)	Nancy Reid
Laboratories	Vevanne Biggs (IRH)	Marie Martin
X – Ray	tbc	Marie Martin
Women's Services	Andrew Quinn (RAH)	Evelyn Bisset Cathy Harkins
Children's Services	Haider Mamdani (VoL)	Annie Hair Susan O'Rourke
Mental Health (Acute Interface)	Michael Smith (Renfrewshire)	David Lees Gareth Greenaway

11. These clinical groups have been asked to present their current ideas about future services at a peer review event on 8th June. We will be meeting with community representatives on 16th June to agree how to share this work-in-progress with communities in the most effective way.

12. Work has also been commissioned on activity and activity projections together with a study of the medical workforce and the impact of developments such as Modernising Medical Careers on the sustainability of rotas. A similar review is on-going to examining the impact of workforce changes on nursing and AHP roles.

13. Meanwhile there is ongoing work on national priorities including:

- Unscheduled care collaborative being led by Frank Westerduin.
- 'Hospital at Night' implementation being led by Alistair Dorward.

- Day surgery and short stay surgery being led by Geoff Douglas.

14. The rapid retrieval team pilot is continuing. A business case for a regional service is being developed and taken forward through the regional planning process, led by Stephen Hearn. A copy of the business case has been submitted to Prof Kerr as a contribution to the National Framework.

Primary care development

15. The development of primary care is being taken forward principally through the GMS contract quality framework and the new pharmacy contract.

16. We are also working to further develop new models of intermediate and integrated care. Two intermediate care fellows have been appointed to the Mid-Argyll Hospital and will be taking up their posts at the end of May. Their training will include an intermediate care course in September, which will be open to other staff looking to develop roles and skills in intermediate or integrated care.

17. In Lomond a group, the Lomond Integrated Care Project, which includes clinicians from both primary and secondary care, have been working to develop an appropriate service model for their locality which will sustain local services.

18. A Lomond Integrated Care Steering Group has now been established to bring together the previously separate components i.e. integrated care, contingency, capacity, and planned care, and to consider implementation. The current project report has been submitted to Prof Kerr as a contribution to the National Framework.

Community development process for Argyll and Bute

Process

19. The key focus within the process of modernising rural health care services within the context of NHS Argyll and Clyde's clinical strategy is ensuring community involvement in developing the programme and strategy for reshaping and developing services.

20. The map in appendix 1 shows the various locality and service reference redesign groups, which are in place taking forward this work. All the locality groups have public and stakeholder involvement including Local Authority Councillor and Officer representation and voluntary agency input.

21. The following is a brief resume of some of the key modernisation and redesign issues being flagged and considered within the context of maximising local access to service provision.

Kintyre Redesign Group – Cambeltown hospital

Reconfiguring elderly service provision with the council, voluntary and private sectors and with housing association to provide a single integrated care of the elderly service including dementia.

Reviewing acute inpatient caseload and progressing relocating and integrating A&E and PCEC with the acute service

- Bute Community hospital Replacement Group

Completing the proposals to relocate and integrate care of the elderly services including dementia within the council Thompson court facility in partnership with community Scotland.

Examining the acute inpatient and transfer to IRH profile with the aim of and maximising intermediate care locally with enhanced local diagnostic services

Community concern re influence over shift of emergency inpatient activity to RAH from IRH

- Oban Lorn and the Isles Strategy Group

Commenced review and development of service reprovision and redesign options including integration of west highland solutions group pilot and outcomes.

Reviewing and redesigning the balance of day case and general surgery inpatient activity.

Critically examining unscheduled care service demand to integrate and extend normal working day incorporate hospital at night initiatives and redeployment and reskilling of staff.

Progressive care centre Mull - project final sign off awaiting resolution of legal transfer of land from estate to community group.

- Community hospital review group

Commenced audit and benchmarking admission diagnosis for all community hospitals to identify core services to deliver locally.

- Islay & Jura service development group

Successful service development workshop 26/04/05 to establish process to modernise and redesign health and social care services for Islay & Jura

Jura care centre project start construction on site October 2005.

- Cowal Service redesign project

Developing an Integrated Community Hospital & Primary Care Centre for Dunoon & Cowal initial agreement and OBC being reviewed to examine current issues including optimising primary care provision by relocating 3 town practices onto community hospital site, developing intermediate care and integrating health & social care.

- Rural Workforce planning

Workshop 6th May to commence development of a workforce plan for a modernised and sustainable rural health and care service.

Community Development Steering Group

22. The group has requested clarification over the impact of the financial recovery plan and the principles informing future resource allocation to the area as well as recognising the need for transparency between council and NHS budgets and expenditure.

23. The group has also requested that costed proposals for service redesign within mental health be presented prior to approval.

24. The group is also concerned that there is alignment between emergency acute inpatient redesign service proposals within Inverclyde and VOLDGH and local redesign work. A key component of maximising local access is increasing the provision and access to diagnostic services.

Corporate Support

25. Corporate support groups have been established as part of the programme:

	Management Lead
Clinical strategy finance team	Rob Anderson
Workforce development group	Bob Salmond
Information modelling	John Mungall
Service improvement network	Viv Smith
Public Involvement	Lesley Smith
IM&T	Margaret Hastings
Infrastructure support	Moira Anderson
Infrastructure services group	Brian Wilson
Communications	David Ritchie

26. The corporate support groups have a twofold function, to:

- provide information and support for the clinical groups to enable them to complete their tasks.
- develop the individual detailed functional plans required to integrate the healthcare plans into the detailed programme plan.

27. The NHS Argyll & Clyde workforce baseline report has been completed. The report is designed to improve our ability to understand and manage workforce flows in the future and is an important step towards shaping the development of new roles and new ways of working in NHS Argyll & Clyde, on which sustainable care depends. The report will also contribute to the overall workforce planning agenda in the West of Scotland. The area-wide capital and disposals plans have been completed for NHS Board consideration.

Integration with local redesign teams and regional planning

28. The programme team has met with local redesign teams to ensure that the local and area-wide redesign agendas are aligned and that work is progressing satisfactorily. Meetings with NHS Greater Glasgow, NHS Ayrshire & Arran and NHS Highland – through the community development approach in Argyll & Bute - are

ensuring that neighbouring boards are kept abreast of local developments. Regional planning ensures an appropriate focus on those subjects where joint working ensures more effective service delivery.

Forthcoming milestones

29. The current work-plan is scheduled to progress the work timeously and to enable the NHS Board, supported by the Service Strategy and Redesign Committee, to have considered oversight of the work. Key dates identified currently are:

26th May – meeting of reference groups to discuss implications of national framework.

8th June – peer review of clinical and corporate planning.

13th June – NHS Board Development Workshop, Care in the Community.

16th June – Community conference to agree how to share work-in-progress with communities in the most effective way.

8th Aug – NHS Board, Care in the Community plans.

12th Sep - NHS Board Development Workshop, acute services.

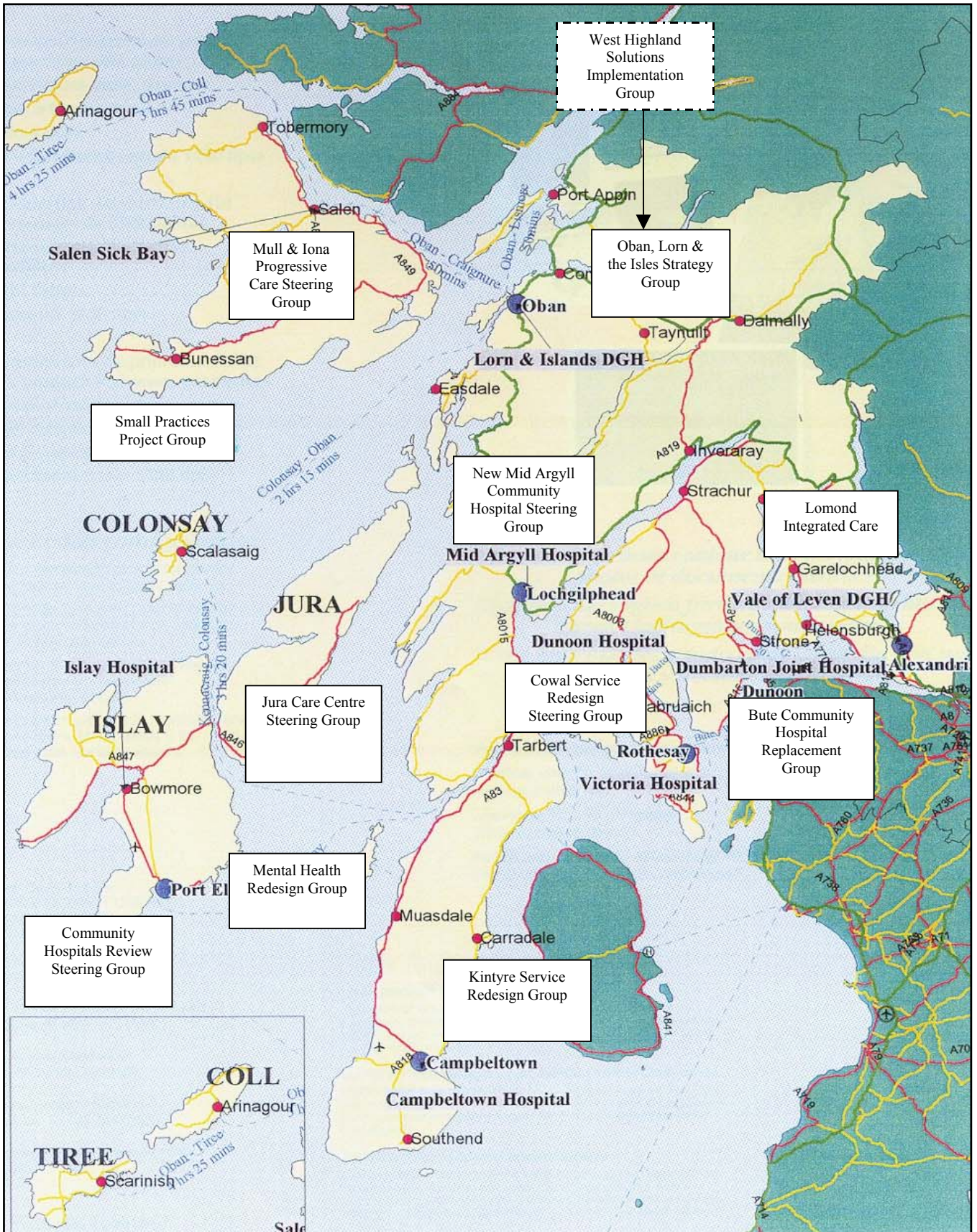
10th Oct - NHS Board, acute service plans.

30. The above schedule of events allows us to take forward the workstreams in a planned and paced manner, recognising the context of this work may require a flexible response from NHS Argyll & Clyde.

Conclusion

31. While acknowledging that considerable works remains to be done, the many people in Argyll and Clyde who have engaged with the redesign agenda have also made considerable progress to mature the work to its current position. The board is asked to note this report.

**APPENDIX 1 - ARGYLL & BUTE COMMUNITY DEVELOPMENT PROGRAMME -
LOCALITY/REFERENCE PROJECT GROUPS**



EMBARGOED UNTIL 9TH MAY 2005