



SCOTTISH EXECUTIVE

Health Department

Dear Colleague

DELIVERING FOR HEALTH; GUIDANCE ON IMPLEMENTATION

28 February 2006

1. INTRODUCTION

1.1. This note offers guidance on implementation of the action plan for the development of healthcare services set out in *Delivering for Health* (Scottish Executive, November 2005).

1.2. *Delivering for Health* provides a strategic, long-term programme of action and a framework for service change across NHSScotland. It is a programme of action designed to transform the NHS by further improving quality and efficiency, and by promoting further integration of services. The plan was the product of considerable consultation and input from across the NHS, informed by the report of Professor David Kerr and his team, and it will be important to ensure that the same shared approach is taken to implementation.

1.3. The guidance in this letter and appendix describes what needs to be done, by whom and by when. It identifies the major milestones, defines the responsibilities for the tasks contained in *Delivering for Health*, and describes how the accountability arrangements for the performance of NHS Boards will be utilised to ensure that momentum is maintained. It also explains how regular reporting of progress will be used to ensure coordination and cross-fertilisation between the various strands of work.

2. ACTIONS AND RESPONSIBILITIES

2.1. Section 2 of *Delivering for Health* identifies our key goals as the need to;

- improve health,
- improve health service productivity, and
- improve health service quality.

Addresses

For action

Chief Execs of NHS Boards

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In particular, we will seek to achieve these objectives through an integrated model of health service delivery which provides:

- care as locally as possible;
- continuous and local support for people with long term conditions and their carers;
- anticipatory and targeted care to those at greatest risk of ill health; and
- which actively manages hospital admissions and discharges.

2.2. Priority will be given by the Health Department to actions which will achieve the shift in the balance of care required. Boards should also prioritise such actions, many of which will be led by Community Health Partnerships. They should engage with local partners to ensure a whole systems approach to rebalancing services and managing people with long term conditions. The CHP Development Group will work with the Health Department and NHS Boards to support the delivery of specific priorities through CHPs. In taking forward these actions, particularly those related to the future role and configuration of our hospitals, we expect Boards to work collaboratively in their Regional Planning Groups or on a national basis with support from the Health Department.

2.3. The timelines in Annex A of *Delivering for Health* provide the basis for national, regional and local action plans across the various strands of work. The three Regional Planning Groups have each prepared a self-assessment of their readiness to comply with the tasks set out in that document. Boards should each prepare a similar assessment to identify areas of risk and opportunity. To facilitate this work, we have set out in Appendix 1 to this letter an analysis of the national, regional and local actions in *Delivering for Health* year by year. The self-assessment documents should be regularly reviewed at Board meetings and accessible for public scrutiny.

3. LEADERSHIP

3.1. This is a challenging agenda. It will require strong and visible leadership across the service. A substantial responsibility rests with the Health Department but it is essential that leaders in the service also play an active role.

3.2. For each of the strands set out in *Delivering for Health*, we have identified a lead for the Health Department at Director level and associated leadership from among NHS Chief Executives. The lead responsibilities are as follows:

Workstream	Director	Chief Executives
Shifting the Balance of Care	Director of Primary and Community Care (Paul Gray)	Fiona Mackenzie – NHS Forth Valley
Tackling Health Inequalities	Director of Health Improvement (Pam Whittle)	Tom Divers – NHS Greater Glasgow James Barbour – NHS Lothian Graham Robertson – NHS Health Scotland
Long Term Conditions	Chief Medical Officer (Harry Burns)	Tim Davison – NHS Lanarkshire
Diagnostics	Director of Delivery (John Connaghan)	John Burns – NHS Dumfries and Galloway
eHealth	Director of Healthcare Policy and Strategy (from 1 March – Derek Feeley)	Stuart Bain – NHS National Services Scotland
Unscheduled Care	Director of Healthcare Policy and Strategy	George Brechin – NHS Fife Adrian Lucas – Scottish Ambulance Service John McGuigan – NHS 24
Actively Managing Hospital Admissions/Planned Care	Director of Delivery	Richard Carey – NHS Grampian Jill Young – The Golden Jubilee National Hospital
Rural Health Care	Chief Nursing Officer (Paul Martin)	Roger Gibbins – NHS Highland (and island Board Chief Executives)
Mental Health Services	Director of Healthcare Policy and Strategy	Andreana Adamson – The State Hospitals Board for Scotland Tony Wells – NHS Tayside
Child and Maternal Health	Chief Nursing Officer	Wai-Yin Hatton – NHS Ayrshire and Arran
Tertiary Paediatric Care	Director of Healthcare Policy and Strategy	Malcolm Wright – NHS Education for Scotland
Neurosciences	Chief Medical Officer	John Glennie – NHS Borders

David Steel, Chief Executive of NHS Quality Improvement Scotland, will participate in the Volumes and Outcomes work that will be led by the Chief Medical Officer and Professor Sir Graham Teasdale.

3.3. The NHS Board Chief Executives will work with the Health Department Directors to ensure that implementation is an inclusive and informed process. Amongst the responsibilities of the Chief Executives will be to act as an advocate for change and to liaise with appropriate units (e.g. the Centre for Change and Innovation) to identify and spread best practice. Partnership principles and engagement will be central to implementation and Chief Executives should take a lead in engaging with staff and partnership groups.

3.4. The Academy of Royal Colleges and Faculties of Scotland has agreed to take forward the work on volume and outcomes identified in *Delivering for Health*. In doing so, they will work with NHS Quality Improvement Scotland and Information Systems Division of NHS National Services Scotland.

3.5. In order to maintain an oversight of the whole implementation process, I will convene a sub-group of the Scottish Executive Health Department Board with appropriate external involvement.

4. LINKS WITH LOCAL DELIVERY PLANS

4.1. The key performance targets and measures which Boards have been asked to include in their Local Delivery Plans (LDP) for 2006-07 support and are consistent with the direction of travel set out in *Delivering for Health*. Boards that are able to demonstrate satisfactory progress towards the LDP targets are also likely to be making progress with the *Delivering for Health* agenda. For example, the implementation of systematic support

for people with long term conditions will help Boards to achieve the LDP target of reducing repeat emergency admissions to hospital. Action on long term conditions is also likely to have a real, but less, direct impact on Boards' performance against the LDP productivity target (by reducing emergency admissions), against the primary care access target, and on delayed discharges (by avoiding the need for admission in the first place).

4.2. Boards will wish to ensure that *Delivering for Health* informs and influences other aspects of their planning activity. Financial Plans, Board Development Plans and all other elements of the planning process should reflect and support the implementation process.

5. ACCOUNTABILITY AND COORDINATION

5.1. As indicated in section 2 above, NHS Boards should regularly review progress against the tasks and targets in *Delivering for Health*, and SEHD Directors will also report progress for their areas of responsibility. These reports will be distributed appropriately to ensure coordination and cross-fertilisation between the various strands of work.

5.2. Boards' progress with implementing *Delivering for Health* will be discussed in the Annual Review between each NHS Board and the Minister for Health and Community Care. The Scottish Executive will expect to see strong evidence of progress with local (i.e. Board and CHP) actions and also of effective Board level input to the regional agenda. In the 2006 round of Annual Reviews, Boards should be prepared to report on the self-assessment referred to in paragraph 2.3 above as well as providing assurance on key deliverables such as implementation of the common patient identifier (CHI number) and progress with the active management of hospital admissions.

5.3. In 2005, the Health Department asked the three Regional Planning Groups to report to the Minister for Health and Community Care on progress in setting up the regional mechanisms as well as on their achievements in the previous year and work plan for the coming year. In 2006, we will request a report from each of the groups that sets out progress on *Delivering for Health* and future plans. These reports are supplementary to the arrangements for Board accountability.

6. SUMMARY

6.1. Boards should ensure that the implementation of *Delivering for Health* is taken forward in a systematic and energetic manner, consistent with the process outlined in this letter.



KEVIN WOODS
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Chief Executive NHSScotland

Local Level Actions

It should be noted that formal responsibility for local actions rests with Boards even where it has been recommended that these can be delegated to CHPs

Delivering for Health Strand	Action	Target Date
Shifting the Balance of Care	Use the self-assessment framework to implement improved management of long-term conditions.	2006
Shifting the Balance of Care	Develop an action plan for the care of older people.	2006
Shifting the Balance of Care	Develop collaborative budgets across primary and secondary care, linking where appropriate with managed clinical networks.	2007
Shifting the Balance of Care	Introduce intensive co-ordinated case management for patients with the most complex health care needs and vulnerability to emergency hospital admission.	2007
Shifting the Balance of Care	Produce an action plan to extend local care through, for example, enhanced primary medical services and community pharmacy.	2007
Diagnostics	All laboratory departments should participate in the UK National Benchmarking Scheme organised by the University of Keele.	Mid-06
Diagnostics	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.	2006
Diagnostics	Review and improve referring systems to avoid creation of diagnostic bottlenecks.	2006
eHealth	Roll out the Emergency Care Summary system, including access for OoH services and NHS24.	Jun-06
eHealth	Ensure online access to test results and clinical letters through SCI store.	Jun-06
eHealth	90% of referrals to hospitals sent electronically using gateway system.	Jun-06
eHealth	CHI Number introduced as common patient identifier.	Jun-06
eHealth	A&E System in place.	Jun-06
eHealth	Introduce PACS to enable sharing of images within and between Boards.	2007
Unscheduled Care	Carry out an audit of referral patterns to emergency centres from other parts of the system.	2006
Unscheduled Care	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 OoH services.	Mid 2007
Planned Care	Implement 5 simple changes in planned care.	2006
Planned Care	Establish Referral Management Centres to extend referral options and facilitate patient choice at the point of contact.	2006-07
Planned Care	Implement minimum national standards for surgery time and throughput for all surgical staff.	2007
Mental Health	Start implementation of the local elements of the CAMHS Framework.	2006
Mental Health	Development of local action plans based on National Mental Health Delivery Plan.	2007
Child and Maternal Health	Review models of care for children with complex care needs.	2006
Child and Maternal Health	Implement local aspects of Child Health Action Framework.	2007-08
Child and Maternal Health	Implement key worker model for children with complex needs at local level.	2008-09
Service Change and the NHS Workforce	Contribute to Regional Workforce plans.	Jan-06
Service Change and the NHS Workforce	Produce Board Workforce plans.	Apr-06

Regional Level Actions

Delivering for Health Strand	Action	Target Date
Shifting the Balance of Care	Ensure compatibility of regional plans for streaming of unscheduled and planned care and development of community health centres.	2007
Diagnostics	Develop a regional diagnostics workforce plan.	2006
Diagnostics	Explore opportunities to separate image acquisition / testing and reporting.	2006
Diagnostics	Review non-ISD funded specialist services in Lab Medicine.	2006
Diagnostics	Review configuration of imaging and lab. Services in light of emergency and planned care proposals.	2007
Diagnostics	Establish Managed Diagnostic Networks building on the model of the Scottish Pathology Network.	2007
Unscheduled Care	Review emergency receiving services on a regional basis in conjunction with plans to develop regional planned care centres.	2006
Unscheduled Care	Implement result of regional reviews of Emergency Care.	2007
Planned Care	Produce plans for regional Planned Care Centres in conjunction with review of emergency admitting services.	2006
Planned Care	Establish Referral Management Centres to extend referral options and facilitate patient choice at the point of contact.	2006-07
Planned Care	Begin work to establish Planned Care Centres on a regional basis.	2007
Rural Health Care	Review out of hours requirement for remote and rural areas.	2006
Rural Health Care	Develop the RGH model.	2006
Mental Health	Stobhill Medium Secure Unit open.	2007
Mental Health	Dykebar Medium Secure Unit open	2008
Mental Health	North of Scotland Medium Secure Unit open.	2009
Child and Maternal Health	RPGs to produce action plans for the delivery of acute care at a local and regional level.	2006
Child and Maternal Health	Plans brought forward for provision of paediatric surgery on a regional basis.	2007-08
Tertiary Paediatric Care	Implementation of specialist paediatric MCN strategy with an emphasis on proposals of those services already reviewed for example children's cancer services, gastroenterology complex respiratory, neurology.	2006
Tertiary Paediatric Care	Development of the High Dependency Units (HDU) in Aberdeen, Dundee, Edinburgh and Glasgow as regional lead HDU centres within the national network.	2006
Tertiary Paediatric Care	Development of the two Paediatric Intensive Care Units (PICU) in Edinburgh and Glasgow as the lead national PIC centres within the network operating as a single PIC on two sites.	2006
Tertiary Paediatric Care	Plans brought forward for the provision of age appropriate care at DGH and for specialist services	2007-08

National Level Actions

Delivering for Health Strand	Action	Target Date
Shifting the Balance of Care	Publish proposals for rehabilitation of older people, people returning to work and people with long term conditions	May-06
Shifting the Balance of Care	Establish a national strategy for the care of long-term conditions.	2006
Shifting the Balance of Care	Establish and Fund a Scottish Long Term Conditions Alliance.	2006
Shifting the Balance of Care	Determine the optimal set of indicators to identify those high risk patients who would benefit most from intensive case management.	2006
Shifting the Balance of Care	Develop a national programme for GPs with special interests (GPwSI)	2006
Shifting the Balance of Care	Implementation of Community Pharmacy Contract	2006
Shifting the Balance of Care	Pilot Reducing Health Inequalities approach in 2006/07 in up to five CHPs.	2006
Shifting the Balance of Care	Use the evidence gathered from the Prevention 2010 pilots to inform more general and widespread application of the 'anticipate and prevent' approach elsewhere.	2007
Shifting the Balance of Care	50% increase in non-medical prescribers	Spring 2008
Diagnostics	Launch Diagnostics Collaborative Programme	Apr-06
Diagnostics	Agree core radiology dataset for NHS Scotland	2006
Diagnostics	Feasibility Study for a centrally co-ordinated radiologist on-call service for imaging	2006
Diagnostics	Dissemination of Capacity, Demand, Activity Analysis methodology.	2006
Diagnostics	Comprehensive Scotland Wide application of a fit for purpose Radiology Information System (RIS). Benchmark and monitor performance using data collected through RIS.	2006
Diagnostics	Strategic Review of the development and implementation of molecular diagnostic services using the model of the Scottish Molecular Genetics Consortium.	2006
Diagnostics	Feasibility study into development of an ultrasound education programme open to non-radiographers including AHPs and assistant practitioners.	2006
Diagnostics	Replacement of Aberdeen PET Scanner. Establishment of departmental advisory group to assess potential future developments in light of experience.	2006-07
Diagnostics	Purchase of Glasgow PET Scanner	2007
Diagnostics	Minimise waiting times, within a maximum waiting time of nine weeks for eight key diagnostic tests	Dec-07
Diagnostics	Provision of electronically embedded evidence based guidance at referral to reduce inappropriate demand.	2008
eHealth	Delivery of ePharmacy Programme and development and implementation of electronic infrastructure and support for the Community Pharmacy Strategy.	Apr-06 -Apr-07
eHealth	Comprehensive analysis of A&E waiting times from electronic information systems	Jan-07

eHealth	Procurement of a single information technology system	2007
eHealth	Deployment of new Electronic Health Record System	2007-2010
eHealth	Establishment of a Scottish Centre for Telehealth based in Aberdeen to develop nationally applicable approaches to telehealth.	2007-2010
Unscheduled Care	SAS to develop proposals for the future of Ambulance services, consistent with the National Framework	Sep-06
Unscheduled Care	SAS to enhance skills of paramedics in key communities to improve locally available medical resources and improve emergency response times.	2006
Unscheduled Care	Develop a specialist service to support high-dependency transfers which includes the full and active participation of intensive care specialists and specialised nursing staff.	2006-07
Unscheduled Care	Produce competency-based education frameworks to support the Kerr Report's unscheduled care recommendations.	2007
Unscheduled Care	Scottish Ambulance Service to meet key target of eight-minute response time.	Mar-08
Planned Care	Introduce a national tariff for hospital procedures to increase transparency in how the NHS uses its money.	2005-2006
Planned Care	Establish a list of day case procedures, measure and act on variation between Boards in rates of day case surgery for these procedures.	2006
Planned Care	Launch Planned Care Collaborative Programme	2006
Planned Care	Radiotherapy: achievement of 25 modern Linear accelerators for Scotland	2007
Planned Care	Develop minimum expectations for surgery time and throughput for all surgical specialities.	2007
Planned Care	Radiotherapy Activity Planning Review.	2008
Rural Health Care	Develop the appropriate training (NES) and career pathways (SE) for Rural General Surgeons and Physicians.	2006
Rural Health Care	Development of local access programmes to attract people in R&R communities into healthcare careers.	2006
Rural Health Care	Develop plans for a Virtual School for Rural Health Care to ensure appropriate workforce development.	2006
Mental Health	Develop a national standard for crisis services.	2006
Mental Health	Produce evidence based practise guide on Depression for primary care and proposals to take forward <i>Doing Well by People with Depression</i> work.	2006
Mental Health	Commission a national and regional analysis of specialist service needs and implications for service redesign	2006
Mental Health	Publish National Delivery Plan on Mental Health	Dec-06
Mental Health	Develop national standards for Integrated Care Pathways (ICPs) for main diagnoses schizophrenia, bi-polar, disorder, dementia, depression and personality disorder.	Late 2007
Mental Health	Report on interim progress in delivery of CAMHS Framework.	2008 and 2010
Mental Health	Redevelopment of State Hospital at Carstairs.	2009

Mental Health	Report on progress on National Delivery Plan.	2009
Child and Maternal Health	Develop an Action Framework for Children and Young Peoples Health	2006
Child and Maternal Health	Establish Expert Group on maternity services to review and update existing policy.	2006
Child and Maternal Health	Development of care pathways for the 10 commonest acute conditions for children	2006-07
Child and Maternal Health	Initiate reviews of adolescent care and general surgery services for children and produce action plan for implementation	2006-07
Child and Maternal Health	Agree workforce plans for child health staff and initiate scoping exercise for children's nursing which defines future models of delivery and roles.	2006-07
Child and Maternal Health	Agree delivery of specialist acute hospital provision in children's hospitals	2009
Tertiary Paediatric Care	Develop the capacity to support planning of specialised paediatric services	2006
Tertiary Paediatric Care	Development of National Managed Clinical Networks for paediatric critical care and other specialist services.	2006
Tertiary Paediatric Care	National commissioning of the PICU Service for a period of five years. Establishment of the national critical care network.	2006
Tertiary Paediatric Care	New Children's Hospital in Glasgow co-located with maternity and adult services.	2010
Neurosciences	Establish a working group to begin advising on implementation of recommendations	2006
Neurosciences	Working Group submits proposals	2007
Neurosciences	National Implementation Team to implement Managed Clinical Network model	Dec-07
Neurosciences	Undertake consultation on proposals	2008
Hospital Services	Establish expert group on Volumes and Outcomes.	2006
Making it Happen	Establish new Delivery Group	2006
Making it Happen	Issue guidance on local delivery plans	2006
Service Change and the NHS Workforce	Enable implementation of Modernising Medical Careers programme.	Aug-06
Service Change and the NHS Workforce	Produce National Workforce Plan	Dec-06
Service Change and the NHS Workforce	Review a contractual framework for primary care.	2006-07