Dear Colleague

NHS SCOTLAND: GUIDANCE ON REGIONAL PLANNING FOR HEALTH CARE SERVICES

Summary

1. Guidance on the content and submission of these documents is attached.

Action

2. All NHS Boards, with their planning partners, are expected to take account of the guidance as they go through the current planning round.

3. This HDL is available on the Scottish Executive Health Department website at http://www.show.scot.nhs.uk/sehd/.

Yours sincerely

TREVOR JONES
Chief Executive

1 March 2002

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1. INTRODUCTION

This guidance is intended to help NHS Boards plan for and arrange delivery of health care services which need to be provided for more than one NHS Boards area.

Rebuilding Our National Health Service gave a commitment that a more systematic approach will be developed to planning health care services which are best provided on a regional or national basis.

Changes are required in the way services are planned and delivered because of:

- developments in health care generally
- increased specialisation in some acute services
- legislation and guidance on hours of work of doctors and other professionals, and
- the desire to provide services as close to people’s homes as possible

There is a need for regional and national co-ordination of some specialised services to support the delivery of high quality services through agreed protocols, backed up by sustainable tertiary centres. More effective planning of these services will link with improvements in financial flows between NHS Boards. More systematic regional and national service planning will help ensure that services are provided at the most appropriate level, and that NHS Boards and patients are clear about what that level is.

This guidance has been developed by an advisory group on Health Service Planning, comprising representatives of NHS Chief Executives, Planning and Finance Directors, National Services Division of CSA, along with COSLA, SPF, and SEHD staff. It builds on the views of NHS Board Chief Executives in their 1999 paper as well as on the work of the financing of Specialist Hospital Services Group.

2. PRESENT ARRANGEMENTS

Regional Planning is already undertaken in NHSScotland by NHS Boards coming together in Regional Planning Groupings. These Regional Planning Groups cover North, South-East and West of Scotland. Under the present arrangements NHS Tayside participates in the South-East group but the North of Scotland cancer network; NHS Forth Valley participates in both the South-East and West groups; and NHS Dumfries and Galloway participates in the West group and the South-east of Scotland cancer network. The existing composition and membership of the regional groups, and the issues they have tackled reflects local priorities and circumstances.

These groupings have been effective in planning and developing services across NHS Board boundaries and should continue to be the main vehicle for developing and strengthening regional planning.

On behalf of NHS Boards, The National Services Division of the Common Services Agency supports a programme of specialist acute and screening services which are available to patients throughout Scotland. The National Services Advisory Group, comprising NHS Board and NSD staff, as well as representatives of Royal Colleges and lay representation, considers and advises on these
specialist services on behalf of NHS Boards and is empowered to plan and review services with decision making remaining with NHS Boards.

3. DEVELOPING MORE SYSTEMATIC REGIONAL PLANNING

The intention in Rebuilding Our National Health is to strengthen and make more effective, the planning and delivery of services which are provided for more than one NHS Board. This will help ensure that services are provided at the most appropriate level, and will take account of the increasing specialisation in some acute services, and other developments in health care.

Health services must be planned and delivered at a population level that allows local differences in health need to be addressed appropriately, while ensuring that the whole range of service provision from primary to tertiary care is effectively developed in an integrated way. Healthcare planning operates at different population levels for different aspects of service provision. The levels range through the tiers of LHCC, NHS Trust, Local Authority Area, NHS Board, NHS “Region”, and National.

The regional boundaries for those services best planned and delivered above NHS Board area level may be different for each service, and some NHS Boards may operate in more than one regional planning grouping.

To ensure there is an integrated regional and National planning system in Scotland, SEHD now expects NHS Boards to plan services for the population levels outlined in Appendix 1. This builds on similar work developed in England and adjusted for Scotland in consultation with the NHS.

In addition to planning for these hospital based services, regional Planning groupings can also provide valuable support for their constituent NHS Boards and their residents by undertaking other activities.

There is a need to assess the regional implications of individual NHS Board’s service plans, and to assess and where appropriate plan the migration of some more complex activity from DGH to Tertiary centres. This regional harmonisation of individual NHS Boards’ service plans will be an additional valuable activity.

In the drive to build a national effort to improve health and reduce inequalities, some campaigns and activities around health improvement and lifestyle issues will require regional synchronisation.

Finally, planning to respond to meet the healthcare needs of residents in a variety of emergency situations will require careful regional consideration and planning.

NHS Boards must ensure they are engaged in appropriate planning groupings to plan, implement, and co-ordinate services for each of the above areas and will need to be able to demonstrate to SEHD that they are engaged in planning groupings appropriate for each service.
4. ROLE AND OPERATION OF REGIONAL PLANNING GROUPINGS

4.1 Role

Regional Planning Groups, chaired by a NHS Board Chief executive are responsible to their constituent NHS Boards for:

- Planning, funding and implementing services across NHS Board boundaries
- Harnessing the support and potential of Managed Clinical Networks
- Developing integrated workforce planning for cross-Board services
- Regionally harmonising NHS Boards service plans
- Planning emergency response across NHS Board boundaries

4.2 Membership

Personal commitment from NHS Board Chief Executives is essential if the Regional Planning Groups are to be able to discharge their role effectively. Chief Executives have a particular responsibility to ensure there is a strong and effective process to link regional planning into the local healthcare planning and delivery processes, and to ensure that individual NHS Boards are aware of, and can participate in the regional planning agenda. The composition of Regional Planning Groups is a matter for the constituent NHS Boards, but since leadership is of vital importance NHS Board Chief Executives are expected to be active members of the Regional Planning Group.

It is vital to engage the appropriate NHS Trust Chief Executives, Medical Directors and other senior clinical staff in specific issues and task groups. The broad clinical perspective of Directors of Public Health will add to the effectiveness of the regional planning process, and Post Graduate Deans’ involvement will facilitate the medical workforce development issues. Constituent NHS Boards need to give consideration as to whether all NHS Trusts should be full members of regional Planning groups or whether this would result in groups of an unwieldy size. Consideration should also be given as to whether the process should be broadened to encompass the wider health agenda and to include partner agencies such as Local Authorities on the Regional Planning Groups.

4.3 NHS Board Autonomy and Regional Planning

It is important to be clear about the relationship between the Regional Planning Group and individual NHS Boards.

The Regional Planning Group is discharging the responsibilities outlined in paragraph 4.1 on behalf of its constituent NHS Boards. All proposals and decisions must be referred to individual NHS Boards for ratification. This places a clear responsibility on NHS Board representatives on the Planning Groups to ensure there are effective linkages and communications between the local NHS and the regional processes during planning activity to ensure the regional outcome will have local commitment. This balance between local autonomy and regional responsibility is critical to the success of regional planning.
4.4 Resourcing Regional Planning Groups

Regional planning groups will require to be properly supported if they are to plan, finance and implement high quality regional services on behalf of their constituent NHS Boards. The role of Chair of the regional planning Group is a key role in providing leadership and the holder of this office must be a NHS Board Chief Executive. The Chair, and the Regional Planning Group however will require support to provide a high quality research, information and secretariat function, to ensure effective regional planning and review of services. NHS Boards therefore will require to pool their planning support arrangements to be able to provide some dedicated regional planning support for the Chair and the Regional Planning Group.

4.5 Building Capacity and Capability

For Regional Planning to be effective, Regional Planning Groups have to be able to:
- Secure the personal commitment of NHS Board Chief Executives
- Secure the confidence and involvement of clinicians and Trust Chief Executives
- Recognise the need for the right skills and knowledge to be brought to bear on particular issues
- Strike the right balance between being well informed and avoiding becoming unwieldy

Building the capacity and capability of Regional Planning Groups will therefore be a key activity and NHS Boards will have the support of the Strategic Change Unit in developing effective regional planning structures.

5. FUNDING

Our National Health, a plan for action a plan for change, gave the commitment *we will simplify the funding of those specialist hospital services provided to more than one NHS Board area*

To date, while Regional Planning groups have taken responsibility for the shape and size of services to be provided for more than one NHS Board area, they have left largely to individual NHS Boards and Trusts responsibility for deciding how services should be funded and paid for. As a consequence, some Trust management teams are having separate funding negotiations with a number of NHS Boards for one regional service and are being funded at different levels by each for the same procedures. This is not consistent with a strategic approach to the planning and delivery of services regionally and nationally.

Regional Planning Groups can help achieve simplified financial arrangements by reaching binding agreements on how regionally provided services should be paid for. A key test of whether regional planning arrangements are working well will be whether financial responsibilities and arrangements for payment are clarified so that financial flows match service patterns.

The principles that should be adopted by planning groups and by NHS Boards in relation to funding are as follows:
- The costs of regional services, suitably benchmarked and validated, should be agreed on behalf of member boards by the Regional Planning Grouping with Chief Executive involvement
- The regional service provider should be able to demonstrate clearly the level of costs which result from providing the regional service, with independent cost audits available if appropriate
- Costs of regional services should be divided between the participating Boards on a weighted-capitation basis rather than on volume of use unless this is inappropriate or unwieldy
• SEHD should deduct each NHS Boards share of the costs from their allocation and allocate it to the host NHS Board providing the regional services

6. WORKING TOGETHER TO IMPROVE EFFECTIVENESS

All parts of NHSScotland need to work together to support the development of more effective regional planning mechanisms, so that services for patients continue to improve.

It is critical that the regional planning process is well integrated into both national and local health care systems. Good communications systems need to be developed to keep the NHS and other planning partners in each NHS Board area well informed of regional issues as well as developing systems for ensuring the work of the regional groupings is well integrated.

To support the development of more effective regional planning:

- The Chairs of the three Regional Planning Groups should be members of the National Services Advisory Group, and the Director of NSD should be a member of the three Regional Planning Groups to ensure integration of Regional and National Planning issues.

- To ensure the work of the Regional Planning Groups is well integrated the three Chairs of the regional groups should meet regularly to share information on plans and approaches.

- SEHD will meet with the three Regional Planning Group chairs on a regular basis to discuss progress and emerging issues.

- The effectiveness of each NHS Board’s contribution to the regional planning agenda will be considered with them as part of the annual accountability review arrangements.

- Regional planning progress should be a regular item on the agenda of the meetings between NHS Chief Executives and SEHD senior staff

7. ACTION REQUIRED BY NHS BOARDS

- NHS Boards should review their arrangements for planning services outlined in Appendix 1.

- NHS Boards should ensure they are engaged in appropriate planning groupings to plan and implement services for each of those health care services specified.

- NHS Boards should demonstrate to SEHD, by 1 June 2002 that they are engaged in planning groupings appropriate for each service.

- NHS Boards in the three planning partnerships should review their membership, operational arrangements, work programme and communication, and advise SEHD of their revised arrangements by 1 August 2002.
## Indicative Planning Populations for Specialist Services

<table>
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<th>SERVICES</th>
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<th>Planned National Level</th>
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More detailed definitions on each of these services are available at [http://www.doh.gov.uk/specialisedservicesdefinitions](http://www.doh.gov.uk/specialisedservicesdefinitions)

### Note:

1. The following are funded national specialist services at present:
   - Endoprosthetic bone replacement for primary bone tumours
   - Ocular oncology
   - Retinoblastoma
   - Pseudomyxoma peritonei service
• Choriocarcinoma

2. Health Boards collectively pool funds for Recombinant blood products nationally at present.

3. A service for adolescent and adult females with congenital abnormalities of the genital tract is nationally designated and funded.

4. A national managed clinical network is supported nationally but service costs are locally funded.

5. Specialist tests for HIV are nationally funded.

6. A national managed clinical network is supported nationally but service costs are locally funded.

7. Services for severe combined immunodeficiency and related disorders (SCIDS)

8. Liver transplant and combined renal/pancreas transplant services are nationally designated and funded. Specialist tests for HCV may be nationally funded from 2002. Specialist paediatric liver services are nationally designated and funded.

9. Ophthalmic pathology sessions are funded as part of national ocular oncology service.