

To: The Community Care, Health and Wellbeing Thematic Board

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Report by:

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PLANNING FOR ACUTE HEALTH SERVICES

1. Summary

- 1.1 The purpose of this paper is to update the Community Care, Health and Wellbeing Thematic Board on the commissioning process for unscheduled hospital care, building on the work of the Renfrewshire Development Programme, and informed by the National Clinical Strategy.

2. Recommendations

It is recommended that the Board:

- a) Notes the National Clinical Strategy;
- b) Notes the evaluation of the Renfrewshire Development Programme; and
- c) Notes the commissioning arrangements for unscheduled care.

3. Clinical Strategy

- 3.1 The National Clinical Strategy was published in February 2016. It sets out a framework for the development of health services across Scotland for the next 15 years. It gives a high level, evidence-based perspective of why change is needed. It does not give prescriptive details of exactly what developments are required. The strategy focuses on the delivery of healthcare services to meet assessed needs, rather than on initiatives to improve health.
- 3.2 The strategy describes the challenges of growing demand as the older population increases, and more services relating to diabetes, hypertension, cancer, sensory impairment, dementia, and impairment of mobility are needed. It also notes the

unacceptable degree of health inequality across Scotland. This is compounded by workforce and financial challenges, and the need to maximise patient value from the available resources.

- 3.3 The strategy describes the rationale for an increased diversion of resources to Primary and Community Care, with stronger integration with social care and the Third Sector. The emphasis on primary care supports the ambition of the Scottish Government's 2020 vision to provide the majority of care locally and to ensure we will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self-management.
- 3.4 The National Clinical Strategy also describes a number of changes that need to take place in secondary care settings, including a focus on improving processes within hospitals to make the best use of available resources. For example, we need to ensure timely discharge without delay, to reduce unnecessary outpatient reviews and to make better use of modern technology. Finally, the strategy describes some structural changes that are required in secondary care. These would support local service provision for outpatients, diagnostic and day care, but for some services, there would be fewer specialist inpatient units in a region. Planning will have to be done at a local, regional and national level.
- 3.5 The National Clinical Strategy is available at: www.gov.scot/publications/2016/02/8699

4. Renfrewshire Development Programme

- 4.1 The Renfrewshire Development Programme (RDP) is a service improvement and development programme involving the Royal Alexandra Hospital, 13 local Paisley GP practices, community health and Renfrewshire social care services. It has developed and assessed new service models which aim to:

- Improve the quality of healthcare including patient experience
- Improve care at the interface between hospital and community care
- Shorten length of stay
- Reduce avoidable admissions to hospital
- Maintain or improve rates of re-admission

4.2 RDP Initiatives:

1. Chest Pain Assessment Unit (CPAU): rapid assessment and follow-up for patients with low-risk cardiac chest pain at the RAH.
2. Older Adults Assessment Unit (OAAU): combined assessment and short-stay unit at the RAH to deliver early comprehensive geriatric assessment and multidisciplinary support for timely discharge of frail older adults.
3. Out of Hours Community Inreach Service: a transport, settle-in and coordination service to facilitate timely supported discharge from the RAH.

4. Enhanced Pharmacy Services: community and hospital medicines reconciliation, improved communication of discharge prescription, and actions to reduce high-risk co-prescribing.
5. Enhanced Anticipatory Care Planning: GP practices working with target patient groups and local staff to increase the number and use of ACPs.

4.3 A summary of the key project findings is shown below:

Project	Outcomes
Chest Pain Assessment Unit	High patient satisfaction and excellent feedback. Safely reduced length of stay (average 25 hours shorter than before project) and number of patients requiring an overnight stay (7% more patients home on the day they present to hospital).
Older Adults Assessment Unit	High patient satisfaction and excellent feedback from relatives and carers. Safely reduced length of stay (average 3.3 days shorter than patients in other clinical areas).
Out of Hours Community Inreach Service	Discharge support provided to patients from a range of clinical areas. Benefits of joint working between health and social care and co-location.
Enhanced Anticipatory Care Planning	Increased number of ACPs completed for patients in target groups. Information contained in the ACP was useful and supports clinical decision making for patients admitted as an emergency.
Enhanced Pharmacy Services	Initiation of improved medicines reconciliation mechanisms. Establishment of improved communication between hospital and community pharmacy to prevent medication errors.
The overall RDP approach to service development	Joint working has forged new relationships between hospital, community health and social care professionals which have supported ongoing service improvement. The RDP was a rewarding way of working and a successful means of tackling previously hard to address issues.

4.4 The RDP evaluation is available at:
http://www.nhsggc.org.uk/media/239143/nhsggc_ph_evaluation_of_the_renfrewshire_development_programme_2016-08.pdf

5. Commissioning Unscheduled Care

5.1 The NHS Board is responsible for the overall planning for acute services, working with IJBs on planning the delivery of unscheduled care and on the shaping of the primary care and community services which are critical to the delivery of acute care. The IJBs

are responsible for strategic planning for the health and social care services for which they are responsible and for the strategic commissioning of unscheduled care services. The set aside budget for unscheduled acute services is £32.3m.

- 5.2 The shape and delivery of acute services are critical to the responsibilities of the IJB and will also be an important issue for local people. Therefore active engagement as this work develops is important.
- 5.3 Renfrewshire's first Strategic Commissioning Plan has been developed and highlights the need to establish a real focus on changing the way our population uses hospital services. Work is ongoing with Acute Planning colleagues and other Health and Social Care Partnerships to develop a set of acute commissioning intentions.