## INDEX

<table>
<thead>
<tr>
<th>SECTION 1 -INTRODUCTION</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECTION 2 WEST OF SCOTLAND REGIONAL WORKSTREAMS</td>
<td>6</td>
</tr>
<tr>
<td>EFFICIENCY &amp; PRODUCTIVITY</td>
<td>6</td>
</tr>
<tr>
<td>1. Recruitment</td>
<td>6</td>
</tr>
<tr>
<td>2. Audit (internal)</td>
<td>8</td>
</tr>
<tr>
<td>3. Public Health</td>
<td>8</td>
</tr>
<tr>
<td>4. Procurement</td>
<td>9</td>
</tr>
<tr>
<td>5. Payroll –ePayroll rollout working</td>
<td>11</td>
</tr>
<tr>
<td>7. Prescribing</td>
<td>14</td>
</tr>
<tr>
<td>SECTION 3 – ACTIVITY IN REGIONAL SPECIALIST PLANNING GROUPS</td>
<td>15</td>
</tr>
<tr>
<td>REGIONAL CANCER ADVISORY GROUP (RCAG)</td>
<td>15</td>
</tr>
<tr>
<td>REGIONAL PLANNING GROUP FOR CARDIAC INTERVENTION</td>
<td>22</td>
</tr>
<tr>
<td>REGIONAL CHILD HEALTH PLANNING GROUP</td>
<td>24</td>
</tr>
<tr>
<td>Sub Groups</td>
<td></td>
</tr>
<tr>
<td>Child &amp; Adolescent Mental Health Network (CAMHS)</td>
<td>27</td>
</tr>
<tr>
<td>Neonatal Managed Clinical Network</td>
<td>28</td>
</tr>
<tr>
<td>WEST OF SCOTLAND PAEDIATRIC NETWORKS</td>
<td></td>
</tr>
<tr>
<td>WoS Paediatric Gastroenterology, Hepatology and Nutrition Network (WoSPGHan)</td>
<td>30</td>
</tr>
<tr>
<td>WoS Paediatric Complex Respiratory Network (WoSCoR)</td>
<td>32</td>
</tr>
<tr>
<td>WoS Child Protection Network (WoSCPn)</td>
<td>34</td>
</tr>
<tr>
<td>WEST OF SCOTLAND DENTAL CONSORTIUM</td>
<td>36</td>
</tr>
<tr>
<td>WEST OF SCOTLAND PLASTIC SURGERY CONSORTIUM</td>
<td>37</td>
</tr>
<tr>
<td>ORAL MAXILLOFACIAL SURGERY PLANNING GROUP (OMFS)</td>
<td>38</td>
</tr>
<tr>
<td>WEST OF SCOTLAND RENAL DIALYSIS PLANNING GROUP</td>
<td>40</td>
</tr>
<tr>
<td>WEST OF SCOTLAND NEUROSCIENCES GROUP</td>
<td>40</td>
</tr>
<tr>
<td>WEST OF SCOTLAND FORENSIC QUALITY &amp; GOVERNANCE GROUP</td>
<td>42</td>
</tr>
<tr>
<td>WEST OF SCOTLAND E-HEALTH LEADS GROUP</td>
<td>42</td>
</tr>
<tr>
<td>WEST OF SCOTLAND SEXUAL HEALTH MCN</td>
<td>47</td>
</tr>
<tr>
<td>WEST OF SCOTLAND JOINT PLANNING GROUP FOR AMBULANCE SERVICES</td>
<td>48</td>
</tr>
<tr>
<td>REGIONAL REHABILITATION TECHNOLOGY PLANNING GROUP</td>
<td>49</td>
</tr>
<tr>
<td>WEST OF SCOTLAND BARIATRICS AND WEIGHT MANAGEMENT GROUP</td>
<td>49</td>
</tr>
<tr>
<td>WEST OF SCOTLAND VASCULAR SURGERY GROUP</td>
<td>50</td>
</tr>
<tr>
<td>SECTION 4</td>
<td>52</td>
</tr>
<tr>
<td>WORKFORCE SECTION</td>
<td></td>
</tr>
<tr>
<td>Revised Regional Workforce Planning Arrangements</td>
<td>52</td>
</tr>
<tr>
<td>Regional Medical Workforce Group</td>
<td>53</td>
</tr>
<tr>
<td>Reshaping The Medical Workforce</td>
<td>53</td>
</tr>
<tr>
<td>Regional Specialty Template Process</td>
<td>54</td>
</tr>
<tr>
<td>Workforce Input to Regional Service Planning Groups</td>
<td>55</td>
</tr>
</tbody>
</table>
SECTION 1 - INTRODUCTION

This is the annual report from the West of Scotland Regional Planning Group (RPG) for 2012. The West of Scotland RPG is made up of the following NHS Boards:-

- Ayrshire and Arran NHS Board
- Dumfries and Galloway NHS Board
- Forth Valley NHS Board
- Greater Glasgow and Clyde NHS Board
- Lanarkshire NHS Board

(N.B. the RPG also has close planning links with NHS Highland and NHS Western Isles for some services and a number of Special Health Boards are also either formally represented on the group or participate in relevant pieces of regional work as appropriate to the mutual need.)

The West of Scotland RPG leads a wide range of regional planning activities within regional workstreams, specialist services planning groups and sub groups such as the regional Managed Care Networks (MCNs). Regional planning in the west of Scotland has a longstanding tradition and is now well embedded as Boards have worked together to plan services within the region over many years.

In addition to working within the region a significant amount of effort from Boards has gone into planning services nationally across Scotland. Much of this work is now coordinated through the National Planning Forum.

This report documents the activity over the last 12 months within the regional workstreams and provides individual reports from each specialist planning group or MCN group. Despite editing, this report is somewhat longer than previous reports as it now incorporates an update on our new work around efficiency and productivity which is now an integral part of regional working. We reported last year that Chief Executives were keen to look at areas where there may be potential scope for integration and collaboration of services on a regional basis to reduce costs. This has led to the creation of a new area of work specifically focused on integration and collaboration across Boards to achieve efficiencies. It is fair to say that this work has had mixed results; some groups have struggled to identify significant savings whilst others, in particular prescribing and procurement, have had real success in identifying significant savings for West Boards.

I have led a national review of regional planning over the last few months in conjunction with Mark O'Donnell from Scottish Government which has identified a number of areas which Boards may wish to explore to further maximise the benefits for patients of regional working. I am sure that some of these will feature in our workplan for 2013.

This report provides an update on the continuing work of the Regional Planning Group during 2012 both through the regional workstreams and also through specialist planning groups and MCNs. Workforce planning continues to be an integral part of service planning with each Board contributing workforce input to specialist planning groups. This contribution is now coordinated through the Board Human Resources
Directors as Patricia Leiser has now moved to a new post as Director of Workforce in NHS Ayrshire and Arran. Her contribution will be much missed.

The success of regional planning is entirely down to the engagement of all my colleagues who continue to contribute to regional work and whose energy and enthusiasm enables us to make sustained progress across complex and challenging areas of work. It is always good to hear patient feedback from areas where we have worked together to put in place regional services. In particular some of the feedback we are now getting about specialist children’s services now available in local Boards has been very positive.

I would like to thank John Burns for his continued Chairmanship of the RPG over the last year.

**Heather Knox**  
Director of Regional Planning
SECTION 2 - Efficiency & Productivity Workstream

The Efficiency and Productivity workstream has developed considerably over the last year and work has been taken forward in all those areas where Boards identified the potential to reduce costs through greater integration and collaboration. These included:

1. Recruitment
2. Audit (internal)
3. Public Health
4. Procurement
5. Payroll – ePayroll rollout working
7. Prescribing

1. Recruitment

The recruitment collaborative have been working on four specific work streams to assess mutual benefit, efficiency gain and cost reduction.

1. **Advertising Cost Reduction** - The lead board for this work stream is NHS Lanarkshire. The primary objective is to sustain and improve the cost reduction achieved from reduced reliance on print media advertising. The key enablers include enhancing customer confidence in alternative web based advertising, the utilisation of Local Employment Partnerships and the introduction of fully integrated on-line recruitment. NHS GG&C started the development of a West of Scotland (WoS) micro site advertising model for medical staffing which was then adopted as part of a national project. The national micro site and e-portal for medical recruitment is scheduled to launch in September 2012, which will influence a direct reduction in BMJ print media expenditure. GG&C are also preparing a draft protocol for use in executive recruitment specifically to reduce variation, standardise process and reduce cost.

2. **Regional Recruitment Collaboration** - There are three specific strands currently being scoped: -
   1. Career Grade Medical Recruitment. The framework of Scottish Medical Training recruitment process will be examined to assess the current inputs and expenditure against the benefits. It is accepted that NES would require to be fully involved in the evaluation of current arrangements and any proposals to revise these would need to have a mutual benefit.
   2. Nurse Graduate Recruitment, the forthcoming review of the national internship programme will provide an opportunity to further explore the opportunity for the introduction of a WoS programme to stream graduates in to a standardised model of assessment for employment. The model would provide a structured recruitment process which would benefit applicants and employers in the reduction and standardisation of selection arrangements for entry level posts.
   3. Redeployment, arrangements within individual boards can prove inadequate due to the limited availability of posts. It is proposed that a WoS protocol is produced to allow the identification of eligible individuals...
(on a voluntary basis) to have secondary preferential access to WoS wide posts. Further discussion is planned with partnership representatives to explore this possibility.

3 e-ESS (Electronic Employment Support System) - The first WoS Board to implement the employee support system will be NHS Forth Valley, and they will take forward the work stream. It is acknowledged that the ability of e-ESS to deliver enhanced efficiency across the region is not yet fully detailed. The first step to assess the potential is the collation of data on the current spend, on employee systems and the future spend required for e-ESS. The second step is then the linkage with current process and procedures impacted/improved by e-ESS. The final stage is then the assessment of regional services supported by e-ESS as a common information platform.

4. Recruitment Hub - NHS Ayrshire and Arran is the lead board for this work stream. A discussion document has been produced to assess the potential of a regional recruitment HUB. The initial aim is to explore the establishment of a hybrid model of WoS processing hub where the majority of transactional/routine recruitment processing activities would support recruitment and selection decisions managed locally.

**RPG Savings Target**

It is recognised that different arrangements exist across the West Boards to provide recruitment services, which impact on our ability to achieve change. Only NHS Greater Glasgow & Clyde (GGC) employs a discreet recruitment team. For all other Boards in the West recruitment activity is undertaken by HR staff for which recruitment is one part of their responsibilities.

Across all the recruitment efficiency work streams WoS territorial Boards working in partnership with the National Waiting Times Centre and the Scottish Ambulance Service achieved £135k in 2010/11 and a further £156k in 2011/12.
2. Audit (internal)

The initial work Internal Audit Group identified four viable options within the WoS:

i. Continue with current arrangements and rely on existing Board CRES regimes to continue to drive efficiencies

ii. Introduce a WoS Internal Audit CRES programme based on more structured benchmarking

iii. Encourage opportunistic mergers of service as vacancies and tender timelines allow

iv. Create a single WoS Internal Audit function through either a single external supplier or an enlarged NHS function

The WoS RPG considered the report and initially requested that option 4 – a single provider option be progressed. However, the group did not conclude that there were significant savings to be delivered from the introduction of a regional Internal Audit service. The group therefore further explored the opportunity to maximise efficiencies from a revised service model.

The RPG has now agreed that upon conclusion of current contractual arrangements, a single tender for Internal Audit services is procured by those Boards with current out-sourced arrangements. This would provide an opportunity to further maximise cost effective rates across the WoS Boards.

For those Boards with in-house teams they would continue in their current format but would be able to access the WoS contract for gaps in their existing provision whether that is for specialist services or where delivery of the plan is threatened due to unforeseen absence.

A regional Internal Audit benchmarking group has now been set up to meet on an annual basis to review Audit Plans and assess opportunities for further efficiencies.

3. Public Health

The Public Health Short Life Working Group had originally identified several potential areas for regional working including:

- On Call
- Civil Contingencies
- Screening, particularly the back room functions such as the generation of lists
- Health Information Resources. There is less call from health promotion resources, many of which are/or could be available online.
- Public Health Intelligence. Different Health Boards have different levels of resource and the work, i.e. the gathering and analysis of information for needs assessment, evaluations etc could be better shared between Health Boards.
- Regional Planning.

Following scoping, health protection and screening were identified for regional working; however work had paused to await the outcome of the Health Protection Stocktake. The stocktake has now been issued and the group reconvened in August 2012 to agree actions around next steps.

A template for a prospective audit of on call to be researched and produced by the Director of Public Health in NHS Ayrshire and Arran. Once agreed, the template will be circulated to the WoS Health Boards who will collect the data for all their on call staff for a 6 month period. The data will then be analysed by each health board. A CPD event would then be arranged to compare and contrast the findings in different Health Boards. Service improvements could then be made. Work already carried out on on-call by different Health Boards would also be considered as part of the process. This work covered some of the potential practicalities of covering more than one Health Board.

Following discussion at the National Planning Forum (NPF) it has been agreed that West of Scotland Boards will progress this in conjunction with the National sub-group of the NPF.

4. Procurement

The RPG approved the establishment of a WoS Regional Procurement Project with the aims of: accelerating delivery of national contracts; developing regional contract opportunities and improving the capacity of the WoS Boards to deliver these procurement strategies. To date a total of 43 individual projects have been identified and are being progressed with significant savings realised.

Of the 43 individual projects (covering recurring spend), 41 projects are now ‘live’ with potential savings of £3.3m. This means that with the exception of 2 projects all national contracts which support the project have been let and the WoS Commodity Leads (CLs) are now proceeding with the implementation strategy. £2.5m of savings have already been secured. A further 38 new projects for 12/13 have been added to the overall workplan. The total potential savings from these projects is a further £1.5m.

The Procurement staff engaged on the project have been formally trained in the project methodology and are developing their skills and capability to deliver projects on a repeatable basis. Expert product/service users are fully participating in the project making decisions on a WoS basis.
Regional ‘TUGs’

The WoS decision making process relies on the appointment of expert staff to TUGs (Technical User Groups) with the delegated decision making authority of their Boards. This requires CEOs or their nominated senior manager to formally appoint staff. In parallel with the above activity, the WoS Senior Project Support staff are continuing to gather spend information for each ‘live’ project via the nominated finance point of contact at Health Board level.

First WoS Contract Award:

- The new national framework contract for Continence Products is now in place.
- The WoS savings as a result of the sole award is circa £1.5m which exceeded the forecast potential project savings by £1m.

Subsequent WoS Contract Awards

The list of projects and savings secured to-date is shown on the table below. Savings have exceeded forecast by nearly £1.4m to date.

<table>
<thead>
<tr>
<th>Contract</th>
<th>HB</th>
<th>WoS F/Cast Savings</th>
<th>WoS Savings Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incontinence Pads &amp; Garments</td>
<td>GG/AA</td>
<td>£510,000</td>
<td>£1,507,298</td>
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<td>Office, Patient &amp; Clinical Furniture</td>
<td>LAN</td>
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<td>GJNH</td>
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<td>GG</td>
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<td>Spinal</td>
<td>GG</td>
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<td>Surgical Facemasks</td>
<td>LAN</td>
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<td>£25,226</td>
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<tr>
<td>Patient Hoist, Slings &amp; Sliding Sheets</td>
<td>LAN</td>
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<tr>
<td>Surgical Headwear</td>
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<td>Plastics - Mammary Implants</td>
<td>GG</td>
<td>£30,000</td>
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<td></td>
<td></td>
<td>£1,153,898</td>
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<td></td>
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<td>£2,519,338</td>
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2012/13 Workplan:

Following release of National Procurement’s 12/13 work-plan, a further 38 new projects have been added to the overall WoS Workplan. The total potential savings from these projects is a further £1.5m giving a total WoS savings of £4.8m.

In addition, new project areas based on a WoS approach to standardising and bulk buying products supplied via the National Distribution Centre will target a further £1.8m of savings.
5. Payroll – e-Payroll rollout working

The work undertaken by the Payroll review group, has been focussed on three specific areas:

1 – Review of the Options Appraisal work on future structures
2 – Review and analysis of key productivity areas within the Payroll functions
3 – Updated position on proposed direction of travel and recommendations

The group has reviewed feedback on the options appraisal grid which was based on a range of management models. The analysis of the results showed a strong alignment to retain a local management responsibility for the service accountable to the local Director of Finance but with a central co-ordinating function. Four Boards participated in the Option Appraisal review.

In the discussions around delivery models for payroll services, it was clear that a single regional manager model in itself would do little to provide realistic savings given that all boards would retain at least one Team Leader / Manager, depending on their own service size and responsibility. The group has concluded that more would be gained through productivity and this would require some regional leadership and direction.

The RPG has supported the creation of a ‘Performance and Scrutiny’ post from within existing resources across the Boards to provide consistency and ensure that work in agreed areas is undertaken, monitored and maintained.

In considering areas where productivity savings could be significant; e.g. weekly pay, developing SSTs and e-expenses, it was felt that all of these areas would benefit from a West of Scotland approach and not just at individual Board level. Therefore, it is recommended that the WOS Payroll Review Group develop into a WOS Payroll Network, with responsibility for driving and monitoring the productivity changes. c) It was also felt the WOS Boards could better influence national activity around areas such as e-rostering, by the establishment of the regional network.
6. Remote working – Radiology and telehealth links

The remote working group was the only efficiency group which was targeted at reviewing clinical services and the work had a particular focus on exploring the opportunities offered through technology to support remote working.

A cross Board group was established to progress the work and identified an initial focus in remote working for both laboratory services; (in particular pathology services) and also radiology reporting. Working groups were established to progress the detailed work in relation to both of these areas.

6.1. Overview

- While some modest savings (£145K) have been achieved in pathology services, there remains scope to realise savings in the range of £429k -£859k through the redesign of plain film radiology reporting across the region utilising an increased role for the reporting radiographer. Boards are at different stages of redesigning services and this work can therefore be used to inform any further redesign work which Boards may wish to undertake in the future.

6.2. Pathology Services

Boards across the WoS are at different stages of redesigning their services with Glasgow centralising most laboratory services on the new South Glasgow site and the Glasgow Royal Infirmary (GRI) site and Lanarkshire implementing a similar centralisation proposal for Wishaw. Both Ayrshire and Arran and Dumfries and Galloway had effectively already moved to a single main site and Larbert is now the main site for NHS Forth Valley. Therefore while it was recognised that there was some scope to increase the volume of activity on the South Glasgow, GRI and Wishaw sites, the geography and the impact of existing redesign limits the level of any potential savings. The group identified pathology services as one potential service to review on a regional basis and in particular mortuary services as one early area to consider.

The detailed work on mortuary services brought together mortuary leads across the region who reviewed capacity and staffing across NHS Ayrshire and Arran NHS Lanarkshire, NHS Greater Glasgow and Clyde and NHS Dumfries and Galloway. NHS Forth Valley, having recently concluded an agreement with NHS Tayside, opted not to participate in this part of the work.

The work highlighted that across the region there is body storage capacity of 456 spaces on multiple sites and post mortems are carried out on 14 sites. The service is staffed by 29 support staff and 69 pathologists. The group considered options to deliver services across Boards and while they identified advantages including some small potential staff savings and the ability to specialise and improve productivity, the issues around service sustainability were paramount in particular for Lanarkshire and Dumfries and Galloway. The group identified an opportunity for Lanarkshire to link more closely to Glasgow which has now been translated into a service level
agreement whereby Glasgow provides this service. Dumfries and Galloway have now successfully recruited to their pathology post obviating the need to pursue a similar partnership model. The savings identified through the new Lanarkshire arrangement were £127k.

The sustainability issue for Dumfries and Galloway has now been somewhat eased as they have been able to recruit to pathology posts. A regional model for the centralisation of some molecular pathology tests has now been pursued with immediate savings of £18k and potentially more to be realised in the future.

6.3. Radiology

The radiology work reviewed plain film, MRI and CT activity at night and reported on the numbers and role of radiographers including reporting radiographers and also the establishment and vacancies within the consultant radiologist workforce.

The activity and staffing review found that plain film activity levels broadly reflect population size and that examination sites and referral sources were also broadly consistent. Fifteen reporting radiographers are employed across the west and Ayrshire has 5 of these posts. Most reporting radiographers are currently reporting an average of 3% of plain film activity but there is potential to increase this to 21%. 146 radiologists are employed and at the time of this work there were 13.6 vacancies and several retrials also anticipated. 23 trainees are due to come off the training programme next year in 2012 which will be more than enough to meet the anticipated demand. Overall 977 radiography staff were employed.

In considering the potential of increased radiography reporting, the group noted that different departments organise their reporting in quite different ways which will have an impact on any proposed redesign. Based on a working assumption of 80 cases in a 4 hour session, the group calculated that plain film reporting could be costing the region around £4-5m and identified potential savings in the range of £429k -£859k.

The group also reviewed the potential to establish a regional remote reporting service either across the region or across Health Board groupings to allow remote reporting of radiology activity. One option considered was to employ radiologists to work for a regional NHS agency on a flexible basis. It was considered that the basis for the provision of the service would need to be that Health Boards would redesign services and identify cost efficiencies at a greater level than the cost of the new service. Redesign and the ability to realise savings would be a key issue both with a regional service but also with an increased use of reporting radiographers within a local service.

This has now been tested to evaluate whether it can be supported by current technology. A test report is now available which demonstrates that the functionality is good enough to allow reporting radiographers to report on plain film images from a neighbouring Board, however at this stage the technology may not easily support a multi Board reporting option. All Boards are agreed that as the technology improves option should be explored before sending activity out of the NHS.
7. West of Scotland Prescribing Project -Acute Prescribing Steering Group

The West of Scotland (WoS) Regional Planning Group (RPG) has been taking forward work in relation to prescribing with the aim of improving efficiency and standardisation across the region. Initially the group focused on primary care and then moved to consider prescribing within acute care and more recently has been considering the impact of prescribing across the primary and secondary care interface.

Since May 2011, the group has been chaired by the Director of Finance from the Golden Jubilee National Hospital (GJNH). Membership of the group consists of pharmacy managers/Directors from all WoS Boards and members of the Regional Planning team.

Examples of areas of work that are complete or underway include:

- Agreed guidance on the cost effective treatment of antidepressants. This has described a first, second and third line of choice protocol that has been implemented across the region.
- An agreed policy for the disinvestment in Ezetimibe and the default position for the prescribing of Simvastatin. This is predicted to save the region in excess of £5m per annum.
- Further policy work due to be issued in relation to the standardisation of stop and start procedures for anti-TNF and Macugen-Lucentis

Other process review work includes:

- Pharmacy procurement procedures -a further workshop for the remaining Boards is due to be scheduled for April
- Taking forward work from Highland Health Board on polypharmacy
- Processes and protocol agreement using the cancer prescribing work
- Progressing linkages with the national efficiency work on prescribing
- Sharing most recent work from the HMUD (Hospital Medicines Utilisation Database)
- Development of e-forms in GG&C with plans to roll-out across Boards in specific prescribing areas. This also needs to support any future e-prescribing system
- Formalising links with the regional eHealth leads in the review of current pharmacy systems.

Following recent discussion at the RPG, the prescribing group has been asked to consider other wider pharmacy related areas for example polypharmacy, medicines waste or rolling out best practice work across the region. The group has now agreed specific actions:

1. To continue the work on specific disease areas with particular emphasis around those that incur high cost pressure areas namely Diabetes, Respiratory and Gastroenterology. The aim of this work would be to agree a regional agreement on the most appropriate drug use for each of these groups. This would aim to have a similar output to the cardiac and anti-depressants work implemented earlier in the
year. The work would be clinician led and would involve the MCN leads. Names of contacts were discussed and this work is due to commence shortly. Updates on the workplan can be brought back to the RPG.

2. A paper on the other potential regional workstreams was discussed in the group. This identified possible areas being medicines wastage, technical switches (the Forth Valley work referenced in the RPG in March) and polypharmacy. The feedback from the group, which represented pharmacists from most Boards, was that polypharmacy initiatives and the technical switches work were being implemented effectively locally within Boards and there would be no benefit from a regional input. It was agreed therefore not to pursue this work on a regional basis but support can be provided within the group if required.

3. It was agreed the group should focus on medicines waste. Medicine waste and repeat prescribing is widely acknowledged as a potential to reduce costs, however, the size and scale of the problem is sometimes perceived as a deterrent. To date Boards have, to varying extents, implemented initiatives to tackle repeat prescribing and/or medicine waste, however the extent of any successes and the sustainability of these are unknown and therefore we believe a strategic regional approach may provide benefit where individual Board initiatives have failed. Specifically the group is proposing the following approach in this workstream

   o To work with each WoS Board to identify initiatives undertaken to reduce repeat prescribing and medicine waste, and evaluate impact. This can be used as a best practice guide within the West
   o To identify a regional strategy based on targeting patient, GPs and community pharmacist. Focus on the feasibility of a regional ‘Unused Medicine Initiative Campaign’. This will target patients, carers and nursing home staff to address the issue of over-ordering. This requires to be scoped, evaluated and costed and further information will be brought back to the RPG before this campaign is launched.

SECTION 3 – ACTIVITY IN REGIONAL SPECIALIST PLANNING GROUPS

REGIONAL CANCER ADVISORY GROUP (RCAG)

This annual report for the year 2011/12 summarises some of the key activities undertaken by the Regional Cancer Advisory Group (RCAG) during the last 12 months. Central to this is a commitment to try to prevent cancer from starting, detecting and treating cancer as early as possible and to improve the experience and outcomes for individual patients.

Continued improvements in the delivery and quality of cancer services in the West of Scotland have been achieved through collaborative regional working between the different groups of healthcare professionals that make up the regional cancer Managed Clinical Networks (MCNs), different Boards and between patients and healthcare professionals. As stated in previous reports, the complexity of cancer care and its interdependency with other services and agencies continues to make planning cancer services on a regional basis particularly challenging.
During 2011/12 a review of progress against delivery of the Better Cancer Care action plan was undertaken and both national and regional priorities reviewed and realigned into 4 key areas:

- Detect Cancer Early: promoting awareness of symptoms with earlier presentation to NHS services
- Cancer Modernisation, including: surgical oncology, acute oncology and radiotherapy
- Transforming Care after Treatment
- Quality Improvement and Assurance:
  - Quality performance indicator (QPI) development & implementation.
  - National comparative reporting.
  - Patient experience.
- Efficiency and Productivity.

In 2011/12 national funding was made available to support development and redesign of services in these key areas. In summary, for the West of Scotland:

- ~£573k non-recurring funding to support the implementation of 23 hour breast cancer surgery services and roll out enhanced recovery models
- ~£230k non-recurring funding to support delivery of sustainable acute oncology services
- ~£511k non-recurring funding to assist Cancer Centres to increase capacity and optimise the services provided.

The regional share of this funding has enabled RCAG and its constituent NHS Boards and MCNs to take forward work in a number of areas. In summary:

- NHS Ayrshire & Arran:
  - Surgery: developing laparoscopic surgery for the management of endometrial cancer; and roll out of enhanced recovery model for colorectal cancer

- NHS Forth Valley
  - Surgery: extend current day case/23 hour surgery model to a wider cohort of patients; roll out enhanced recovery model for patients with colorectal cancer; and scope the feasibility of offering more extensive laparoscopic surgery and the enhanced recovery programme to urology, upper gastrointestinal and gynaecology patients.

- NHS Greater Glasgow & Clyde
  - Radiotherapy: to retrofit Rapid Arc technology to one linear accelerator at the Beatson West of Scotland Cancer Centre (BWoSCC); to extend the working day across 10 linear accelerators by implementing further extensions to the working day; to run additional brachytherapy sessions; and implement use of a radiotherapy capacity planning tool (RPORT) to assist future service planning.
  - Surgery: extend 23 hour breast surgery services: and roll out enhanced recovery model for colorectal cancer in south/west Glasgow and Clyde.
- NHS Lanarkshire
  - **Surgery**: roll out 23 hour breast surgery model; and extend enhanced recovery model for patients with colorectal cancer.

- **Regional**
  - **Acute Oncology**: improve communication between the BWoSCC and local units and within local units between departments by further developing electronic oncoalert flagging systems and optimising the benefits from CEPAS (chemotherapy electronic prescribing and administration system) implementation; and establishing and embedding care pathways for the management of oncological emergencies.

A further £204k non-recurring funding was made available to the West of Scotland in January 2012. This funding has enabled NHS Boards to consolidate some of the work already initiated and work to be undertaken in other areas. For example: staff training and implementation of the UK Oncology Nursing Society (UKONS) emergency triage tool and further roll out of enhanced recovery for colorectal cancer in Ayrshire; service review and redesign of pathways for upper gastrointestinal and breast cancer in Forth Valley; and increase diagnostic capacity in Glasgow and Clyde.

The final Board allocations for Detect Cancer Early and regional allocations for Transforming Care after Treatment have yet to be confirmed and allocated.

While all of these national priorities will be of relevance to the WoS Boards, the future provision of radiotherapy is considered to be of particular significance during the course of the coming months/years as the demand for radiotherapy continues to increase.

The RCAG's 11/12 work plan details the extensive programme of work in relation to regional cancer services that has being taken forward. The section that follows highlights key workstreams and activities that have been undertaken in 11/12.

**Delivery of Cancer Access Targets**

WoS Boards continue to successfully meet the 62-day urgent referral to treatment standard, with validated performance of 97.4% for quarter 4 2011, and the 31-day decision to treat to first treatment, with validated performance of 98.2% for the same quarter. Work is currently being undertaken to review pathways for rarer cancers not currently reported. The Regional Cancer Waiting Times Group, chaired by the Director for Regional Services, NHS Greater Glasgow & Clyde, continues to meet to share learning and progress work that spans traditional NHS Board boundaries. For example, work has been undertaken to review pathways for oncoplastic breast surgery and immediate breast reconstruction and diagnostic capacity, particularly in relation to colonoscopy.

**Screening**

- **Bowel Cancer Screening**
  The stage distribution of screen detected cancers has been significantly better than conventional symptomatic patients and should translate into better overall survival as predicted in previous studies. A higher than predicted uptake continues to be evident in some areas with work ongoing within Boards to promote uptake where this is low. The impact on both diagnostic and symptomatic services has been consistently higher than predicted within the pilots, while numbers diagnosed with cancer are consistent
with that predicted. NHS Boards are currently planning for the anticipated increased uptake of screening as a result of the national Detect Cancer Early Programme and the subsequent impact on diagnostic services.

**Review of Breast Screening Services**
A national review of breast screening has been undertaken under the auspices of the National Planning Forum. Retention of current commissioning arrangements and closer alignment of symptomatic breast services with screening services have been identified as the preferred option. Further work is now being undertaken via National Services Scotland to better understand the feasibility of such change in conjunction with host Boards of screening services. Meetings are in the process of being scheduled with NHS Greater Glasgow & Clyde and NHS Ayrshire & Arran.

**Diagnostics**

- **West of Scotland PET/CT Service**
The second West of Scotland (WoS) scanner is now fully operational, enabling a comprehensive service for WoS patients to be provided regionally. Access to PET/CT scanning continues in line with agreed national protocols. In 2012/13 it is proposed that the use of PET/CT is audited across NHS Scotland with a view to identifying the impact of scanning on influencing treatment decisions.

**Surgical Service Provision**

- **Ovarian Cancer**
Additional theatre capacity has been made available within NHS Greater Glasgow and Clyde. A further review of demand is underway, recognising that previously envisaged plans to undertake all ovarian cancer surgery within NHS Greater Glasgow and Clyde has not yet been achieved. All cases are discussed at the regional multidisciplinary team (MDT) meeting where treatment plans are agreed and patients are managed in line with agreed regional clinical management guidelines.

- **Head and Neck Cancer**
The regional service model for Free Tissue Transfer (FTT) continues to be progressed as part of the remit of the WoS Oral Maxillo Facial Group. Achieving full implementation of this service model is dependant on high dependency bed capacity within NHS Greater Glasgow and Clyde.

- **Upper GI Cancer**
The transfer of major oesophagogastric resectional surgery from NHS Forth Valley to NHS Greater Glasgow and Clyde took place in November 2011. This has been driven by the need to ensure service sustainability for a small number of patients. This new service model will see patients receiving their work up and follow up locally thus retaining as much care as possible to be delivered close to home. Work to determine the need for any further service change within the region will be undertaken following the development of national QPIs.

- **Sarcoma**
Following dissolution of the national bone and soft tissue sarcoma, service work is being undertaken via the Specialist Services Planning Group to review and finalise future regional service provision and funding beyond 2011/12.
• **Urological Cancers**
National QPIs have been developed for both renal and prostate cancers for implementation in 2012/13. Recommendations regarding surgical volume are anticipated, which may necessitate a review of current service provision. This will be reviewed by the MCN in 2012/13.

• **Colorectal and Breast Cancers**
Extensive work has been undertaken to develop enhanced recovery models of care, resulting in reduced lengths of stay and treatment morbidity. This work will be consolidated and extended to other cancers in 2012/13.

**Specialist Oncology Services**

• **Radiotherapy**
The Clinical Director, Beatson West of Scotland Cancer Centre, (BWoSCC), and the General Manager of the, BWoSCC) represented the WoS Cancer Network on the Scottish Radiotherapy Advisory Group (SRAG) that progressed work in relation to radiotherapy modelling, workforce and the introduction of new technology. Following a review of national groups constituted under the auspices of the Scottish Cancer Taskforce this group is to be disbanded. A new refreshed Programme Board for Radiotherapy is to be set up in 2012, chaired by an NHS Board Chief Executive.

Capacity pressures within the BWoSCC persist with extensive work undertaken to optimise available capacity and manage demand. Cancer modernisation funding has been used to optimise capacity in the short term. Discussions are ongoing nationally to secure additional linear accelerator capacity in the medium term while longer term capacity planning for a satellite radiotherapy facility is progressed.

**Satellite Radiotherapy service for West Boards**
The demand for radiotherapy services at the West of Scotland (WoS) Cancer Centre at the Beatson is placing significant constraints on the available capacity. Previous national work has identified that an additional 3 Linear Accelerators will be required to meet anticipated future demand in Scotland. A scoping exercise was carried out to explore opportunities for developing a satellite radiotherapy facility for the central belt of Scotland and to assist in relieving demand pressures experienced by the West and East of Scotland Cancer Centres. The scoping exercise demonstrated that a central Scotland facility would not relieve sufficient pressure from both centres and it was agreed that there was a need for each region to pursue a separate solution.

The West Regional Planning Group agreed with the need to pursue the development of a satellite radiotherapy facility to support services provided by the West of Scotland Cancer Centre and a Project Board has now been established to oversee the development of the Outline Business Case for this new facility for West of Scotland Boards. The Project Board will ensure completion of the Initial Agreement (IA) by October 2012 and the OBC (OBC) by May 2013. The detail of the Full Business Case (FBC) will be taken forward thereafter by the Health Board providing the facility with ongoing support from the regional planning team as appropriate.

• **Chemotherapy**
Full implementation of recommendations arising from the strategic review of chemotherapy has been achieved. Further national work is now proposed to review current service delivery models with a view to optimising capacity and plan for future demand. Compliance with HDL (2005) 29, involving external peer review, has been
undertaken in all West of Scotland (WoS) NHS Boards. A new CEL will be published in early 2012, which will necessitate further review to be undertaken. It is anticipated that this will be more extensive than the current HDL and encompass areas such as acute oncology.

Implementation of a regional chemotherapy prescribing and administration system (CEPAS) is progressing well with go live achieved in 3 out of 4 WoS NHS Boards in 2011/12. Go-live dates are planned for NHS Lanarkshire and it is envisaged that full regional implementation will now be achieved by early summer 2012.

Managed entry of new drugs continues to be supported by the Regional Prescribing Advisory Group. Guidance issued to Area Drugs and Therapeutics Committees has been accepted and implemented. An estimate and analysis of predicted costs of cancer medicines for WoS Boards for 12/13 based on Forward Look is currently being prepared. Comprehensive Clinical Management Guidelines for all main tumour types have been developed and maintained in conjunction with regional/national Managed Clinical Networks (MCNs) and are available on www.intranet.woscan.scot.nhs.uk

- **Acute Oncology**

  It is recognised that in-patient cancer care accounts for 52% of all cancer expenditure and 12% of in-patient hospital stays. In-patient hospital admissions have risen by 12% over the last 8 years, mostly related to emergency admissions. 40% of cancer in-patient stays are non-elective admissions, largely managed by general medical services. These patients include those with complications of cancer, complications of cancer treatment, especially chemotherapy and neutropenic sepsis, and patients who have acute medical emergencies (Department of Health, 2007). When combined with factors, such as, a rise in the number of patients receiving non-surgical cancer treatments, decentralisation of chemotherapy services with a move to out-patient/day case treatments, and an increasing elderly population there is a recognised need to review and develop acute oncology service provision. To take this work forward a regional group, chaired by the Clinical Director, BWoSCC has been convened. Initial baseline mapping has been undertaken and a review of regional and local guidelines is underway with a view to aligning these where possible. A regional work plan has been developed and will be progressed during 2012/13.

**Quality**

The West of Scotland Cancer Network is leading the development of national cancer Quality Performance Indicators (QPIs). An ambitious programme of work has been agreed and is being progressed. QPIs for renal and breast cancer were published for implementation in January 2012. A Chief Executive Letter (CEL), setting out the QPI development programme and governance framework, was issued to the service in March 2012. The regional Cancer Network will continue to work closely with NHS Boards and constituent MCNs to take this work forward. QPIs will drive quality improvement and drive efficiencies in care provision.

As an interim measure, while QPIs are developed and agreed, key outcome measures have been identified and agreed regionally to enable more targeted data capture and reporting. Annual audit reports are routinely reported to NHS Boards and MDTs and published on the WoSCAN website. These reports demonstrate that cancer care within the region continues to be of a high quality. Where areas for improvement have been identified action plans have been developed and are being implemented.
Cancer MCNs

A wide range of developments were initiated via regional and national MCNs during 2011/12. The main focus of these developments has been on improving access, quality and the safe delivery of cancer care across the region. Some examples of the work undertaken are noted below:

- A range of regional policies and protocols have been reviewed and updated. These are available at www.intranet.woscan.scot.nhs.uk
- Work to address gaps identified during a regional review of MDTs in 2010/11 has been progressed with the number of gaps having reduced significantly. Some MDTs have been further consolidated, enabling key disciplines to be better represented at meetings, taking account of leave. Thoracic surgery input in particular improved during 2011/12
- A range of educational meetings have been held that have contributed to continuing professional development while strengthening clinical networking. Clinical engagement with the MCNs has been effectively maintained despite increasing pressure on clinical time
- A number of regional consensus follow up guidelines have been developed and issued to the service for implementation. In some cases this will see a reduction in the frequency and type of follow up patients require. Further work is now being undertaken to develop and test new and innovative models of care as part of the national Transforming Care after Treatment Programme. Cancer MCNs are ideally placed to lead on this work
- A number of MCNs have actively participated in the QPI Development Programme and are involved in reviewing performance against the QPIs that have been set
- The Urology MCN has worked closely with primary care and pharmacy colleagues to review and change the prescribing of LHRH analogues
- The Breast MCN has reviewed national guidance relating to breast oncoloplastic surgery. Further regional work is being progressed in the current year.
- The Upper Gastrointestinal MCN has supported the review of clinical pathways for the management of patients undergoing major resectional surgery.

Each MCN has a clear workplan in place and reports annually to the RCAG. Detailed MCN Activity Reports are publically available on the WoSCAN website.

Patient Experience and Involvement

As part of the national Better Together Patient Experience Programme, an extensive work programme has continued and is now nearing completion. Work during 2011/12 has included radiotherapy and gynae-oncology and progressing implementation of local action plans previously agreed. This work has underpinned and driven service improvement in each of these areas.

Following a review and consultation with members of the Regional Partnership Forum this standing group has been disbanded. Agreement has been reached to move forward with more focused input to key regional work streams. A variety of methods has been set out to help achieve this and is now being taken forward.
Emerging Priorities for 2012/13

A regional workshop was held in February 2012 to begin to identify priority areas of work for 2012/13. These priorities have now been further developed and are clearly defined in the regional workplan that has now been agreed with the Regional Planning Group.

REGIONAL PLANNING GROUP FOR CARDIAC INTERVENTION

Given the financial position of the NHS a primary focus for this group will be around cost containment and where possible, making efficiencies on service provision locally, across regional networks and nationally. The following summary outlines the progress and work that has been undertaken since last year’s report.

Non-Invasive Imaging

Cardiac MRI
Agreement has been reached on the Cardiac MRI capacity currently available across the region. This will be delivered by NHS GG&C and GJNH on behalf of the region. Criteria have also been agreed for access to this modality. The Clinical Performance & Finance Group, a subgroup of the Regional Planning Group for Cardiac Intervention, will monitor Cardiac MRI referrals and activity and access to the available capacity. It is recognised that there is a variance on the available capacity and additional capacity would be the first priority of the group if resources become available.

CT Coronary Angiography
Work will take place during 2012/13 to consider the validity of the potential transfer of some Coronary Angiography activity to CT Coronary Angiography. The Regional Planning Group will ask the Scottish Health Technologies Group to review the evidence for this modality and consideration will be given to the feasibility of reducing Cath. Lab. capacity in favour of additional CT Coronary Angiography capacity.

Interventional Cardiology

Optimal Reperfusion Service (ORS)
The annual level of activity for this service continues to match the anticipated activity of 700 cases per million population. Overall performance remains steady; however there has been a welcome improvement in the initial phase of the measured pathway i.e. from diagnosis to commencing the transfer to the intervention centres. Approximately 73% of patients are now receiving their PPCI within the recommended time.

The current target time for the delivery of the optimum treatment of PPCI from diagnosis is 90 minutes, however the Scottish Intercollegiate Guidelines Network (SIGN) are assessing the evidence for an alternative target time of 120 mins for those patients currently residing outwith the 90 minute target time. NHS Grampian has already established the single target time of 120 minutes with the introduction of their Optimal Reperfusion Service. There is clinical and SAS consensus across the West of
Scotland to support the introduction of the 120 minute target time as well as maintaining the 90 minute target.

SIGN are expected to report back in the second half of 2012 and if there is a recommendation to introduce the 120 minutes target time this will then be biggest issue affecting this service during 2012/13. To help to ensure that the largest numbers of patients possible are able to benefit from PPCI, there will be a need to change which intervention centre some patients are taken to, to help ensure activity matches the available capacity. As all patients are currently transferred to either intervention centre there should be no increase in the overall costs because of this change, however this will be fully modelled to ensure this is the case.

Consideration is also being given to the merits of introducing new drugs, which could be used pre and post intervention, however this would be at a considerable cost and as yet there is no overwhelming consensus that any additional benefit to be gained from using these drugs supports the extra costs.

Transcatheter Aortic Valve Implantation (TAVI)

The Cabinet Secretary asked the National Planning Forum (NPF) to take forward proposals for the introduction of a high quality, safe and consistent TAVI service in Scotland. Three centres submitted business cases to provide this service and these along with the views of the NPF and the Short Life Working Groups report were provided to the Cabinet Secretary who has now recommended the introduction of this service by October 2012 within NHS Lothian.

Cardiac Surgery

Cardio-Surgical Pathway
To meet concerns raised about the management of those patients with complex cardiac conditions who may require prompt access to intervention or surgery, a new regional protocol has been agreed and implemented. Changes have included the introduction of a new cardiology rota with a consultant of the day being established in GJNH, who will be available for contact from cardiology colleagues based in the District General Hospitals.

Financial Model
A review is taking place of the financial model used to fund the cardiac surgery service. The level of activity that has been taking place over the last few years has been less than anticipated; however there is an acknowledgement that the complexity of some surgical procedures has increased. A new financial model is expected to be agreed during 2012/13.

Electrophysiology
It has continued to be a period of relative stability for electrophysiology and device implantation services, however there will be changes taking place during 2012. The anticipated retiral of clinical colleagues during 2012 will create new pressures on the service. This has also recently been compounded with both an increase in the number of referrals and a changing referral pattern, which will require to be managed.
Proposals are still being considered to transfer some Implantable Cardiac Defibrillator (ICD) to CRT activity following new research indicating that some heart failure patients that are currently having an ICD implanted would benefit more from having a CRT device implanted. This has taken longer than anticipated due to trying to fully understand the potential reduction in activity, which may help support this change as it is acknowledged there can be no increase in costs.

**Adult Congenital Cardiac Services**

Work is still taking place to establish a regional service for patients with moderate to highly complex congenital cardiac conditions. The required capacity to meet the anticipated demand expected to be placed on the service has been identified and steps are being taken to identify the resource required to support the service. The national service has recently employed an additional consultant to support the service, which will help to relieve some of the pressure affecting the national service. The regional service will need to be established during 2012/13.

**Efficiency & Productivity**

The continuing financial constraints effecting NHS Scotland mean the group needs to consider all opportunities for reducing costs. The Cardiac Prescribing group continues to consider areas of cardiac prescribing that would benefit from having an agreed and consistent regional approach, which would help realise savings in drug costs. Agreement has been reached to have a default position for the prescribing of statin medication for new patients and there has been disinvestment in another cholesterol reducing drug, which has helped Health Boards realise substantial savings. Other opportunities have been identified, which will be taken forward in the second half of 2012. The group will continue to consider new drugs, which will have considerable financial implications for health services and seek to agree criteria for access to these.

A regional Procurement Group has been established for the procurement of cardiac devices and work will take place to understand and realise opportunities for savings through the joint procurement of Catheter Laboratory consumables. Work has also taken place with Health Boards to reduce the amount of wastage that occurs in the use of a drug used in the management of Myocardial Infarctions. A system is being established for the management and rotation of stock throughout the region.

**REGIONAL CHILD HEALTH PLANNING GROUP**

**National Delivery Plan for Specialist Children’s Services**

Over the last three years a major focus of the WoS Regional Child Health Planning Group (WoSRCHPG) has been to progress plans, via the Clinical Interface Group, to take forward the National Delivery Plan for Specialist Children’s Services. Over this period the WoS Boards have worked together to develop networks of care to sustain specialist paediatric services and work towards a “single service model” for the WoS. The primary principle for planning these services has been to focus on regional models of service delivery which support equitable access to care for children.
Going forward the longer term challenge for the WoS Boards will be to monitor the effectiveness of this investment in terms of improving the clinical outcomes for these children.

Progress will continue to be monitored by the Specialist Services for Children and Young People Monitoring Group, via 6 monthly reporting templates. Funding secured as part of the NDP process, from this point on, will be recurring and from 2012 will be included in each of the Health Boards’ general allocation. For the year 2012/13 the West of Scotland Boards received £4.3 million.

Examples of some of the service improvements that this investment is bringing include:

- Consolidation of outreach General Paediatric Surgical clinics and operating lists in Forth Valley and Lanarkshire
- Additional consultant endocrinology sessions in local DGH’s supported by specialist nursing, dietetic and occupational therapy
- Appointment of Critical Care link nurse and consultant in each board and the creation of the Regional Critical Care Network
- Investment of almost £400k across all Boards in Critical Care staffing in local DGH’s
- NHS Forth Valley have invested in dedicated Child Protections sessions available daily ensuring stabilisation and enhancement of local services. This service ensures support for multi-agency child protection, including medical input into joint referrals
- A sixth consultant has been appointed to the Renal team in RHSC, Glasgow
- Clinical Psychology input to Dumfries, Forth Valley, Lanarkshire and Ayrshire has been put in place
- Increased access to local dietetic provision in Forth Valley for children with Renal or diabetic problems
- NHS Lanarkshire invested £73,000 in local Epilepsy Services
- NHS Ayrshire & Arran invested £29,350 in local Palliative Care services enabling compliance with SIGN Guidelines.

Clinical Liaison Group

The Clinical Interface Group has now been disbanded and replaced with the Clinical Liaison Group. This group is clinically driven with representation from each of the Board Areas, and includes paediatrics and CAMHs representation. This group, chaired by Dr Calum Morrison, will meet quarterly and will report directly back to the WoSRCHPG.

The primary function of the Clinical Liaison Group will be to continue to monitor the progress, made by Boards, in terms of continuing to improve the clinical outcomes of children across the West of Scotland.

Regional Critical Care (HDU) Network

The Regional Critical Care Network has been established in direct response to the National piece of work led by the Head of Acute Services, Planning & Redesign,
NHS Greater Glasgow and Clyde. This piece of work highlighted the need to ensure that a consistent level of HDU care existed in DGH’s across Scotland. The creation of this Network has been facilitated by funding made available through the NDP.

The Regional Critical Care Network meets on a quarterly basis and is chaired by the Head of Acute Services, Planning & Redesign, NHS Greater Glasgow & Clyde. There is also a Clinical Lead, for this group, and each Board is represented by both clinical and nursing representation. The Regional Critical Care Network reports to the WoSCHRPG.

WoSCHRPG Work Plan

Over the next year the WoSCHRPG plans to review and refresh the group’s workplan. However, the following areas have already been identified for regional working:

- To understand bed availability and usage across the WoS
- To understand the changes that have taken place in terms of bed numbers in DGHs
- To understand day to day bed management across the region
- To understand winter bed management across the region
- To understand cross boundary flow
- To identify equipment constraints (e.g. insulin pumps) and the impact of these.
- To develop a profile of the paediatric workforce of each area:
  - Senior medical cover
  - Junior medical cover
  - ANP
  - Nursing
  - Review service delivery models where services are at risk.

The WoSCHRPG also recognises that the progress of MCNs falls within the remit of the work plan. As such, it will be the responsibility of each MCN to report progress and highlight any outstanding issues.
WEST OF SCOTLAND CHILD & ADOLESCENT MENTAL HEALTH NETWORK (CAMHS)

The West of Scotland CAMHS Network project was funded for the 3 years 2009-2012. Further reduced funding will support the next 3 years (2012-2015).

The project’s main focus has been to build a regional CAMHS clinical network, to map service provision and facilitate the achievement of specified goals for CAMHS nationally. The latter includes the development of primary mental health work, delivery of Access to CAMHS and Psychological Therapies HEAT targets, consistency about the age limits of services (up to 18), reduction in admissions to adult wards and development of Community Tier 4 services. The project has therefore focused on all tiers of CAMHS.

A Lead Clinician has been in post since October 2009 and has been supported by a Project Officer continuously for the last 16 months. The network functions well with active participation by community clinicians from all Board areas. Most Boards have now taken forward work to develop Community Tier 4 services and have been able to send clinicians to Learning Events organised to support the development of competencies and appropriate care pathways.

Significant achievements include detailed service profiling, updated regularly; the establishment of the Learning Network, and the establishment of a West of Scotland CAMHS Clinical Reference Group. A WoS CAMHS Bulletin is produced quarterly.

It has been agreed that the status of a formal Managed Clinical Network would not give added value. The Network will continue to focus on achieving consistency of patient experience across the region, in keeping with the Quality Strategy. This will be delivered through ongoing sharing of practice and training of the workforce. A widening of the network to include partner agencies is also envisaged.

The terms of funding offered by the Scottish Government for the 3 years 2012-2015 create a helpful opportunity to refocus the project on adolescent services, including the West of Scotland Regional In-Patient Unit, Skye House. Specifically, we have been asked:

“To support the national change agenda around CAMHS inpatient and community tier 4 service provision for adolescents (12-18s),”

In pursuit of this the Scottish Government has requested delivery of the following:

- Facilitating the networking required to make the units and associated community tier 4 services work better as a joined up system.
- Promoting the new ways of working required for the new models of tier 4 delivery (i.e. shorter more focused admissions where appropriate and more alternatives to admission available in the community).
• Gathering and analysing the data required to evidence and achieve both of the above

In pursuit of these goals:

1. The Clinical Reference Group established early in 2011 will continue to meet quarterly. Its Terms of Reference will be amended to reflect the necessary focus on mental health service delivery to adolescents (12-18s). In line with its current function it will consider local and regional trends as reflected in statistical data and reports from Lead Clinicians in each Board area and from the Service Manager at Skye House.

2. The Regional Learning Network will continue to support the development of CAMHS Competencies necessary to deliver intensive intervention in community settings. Network events, 2-3 times per year, will provide an opportunity for formal learning and the development of care pathways and bundles through the sharing of practice.

A CAMHS Project Officer will be employed to support 1 and 2 and act as a liaison between the in-patient unit and community services. The job description for this post will reflect key tasks, including collection and regular updating of data about admissions to Skye House and other settings, and about young people receiving alternative models of care. The project officer will work with each Board to further develop their intensive intervention services and facilitate consistency in service delivery, outcome and evaluation.

WEST OF SCOTLAND NEONATAL MANAGED CLINICAL NETWORK (MCN)

This network was established in 2010 following recommendations from the Scottish Government on the Neonatal Services Review (2009).

The main focus of the work of the network over the past year has been in the development of the ‘Neonatal Care in Scotland - A Quality Framework’ document, and evaluating neonatal services against it. Neonatal services in the West of Scotland meet the majority of recommendations within the document but some gaps in service were identified.

Where gaps are common across the network regional meetings have been held to discuss these and seek regional solutions, i.e. repatriation of babies back to their base unit following transfer for specialist services or a higher level of care. The network will now be undertaking a piece of work to scrutinise practices across the region in more detail. This work will inform the basis of a regional guideline and pathway to ensure timely repatriation of babies back to their base units, easing pressure on parents and families, and ensuring the most efficient use of cots throughout the network. Improvements are already
evident in service since the initial evaluation and work is ongoing to support Boards to enhance current neonatal service provision.

It is anticipated that the Quality Framework will be published shortly.

A national neonatal dataset has now been agreed which will allow local, regional and national audit benchmarking of neonatal services for all the neonatal units in the region. This has been widely supported by Boards commitment to procurement of electronic patient management systems being implemented which will shortly be in place across all west Boards. The data outputs from the system will allow quarterly clinical performance reports to be developed in the future, and also support annual reports for units and the network. This will also inform the development of key performance indicators and demonstrate neonatal patient safety progress.

The Network Steering Group is well established and subgroups are making progress with a lot of the work:

- Neonatal Coordinators Group – The standardisation of consumables used between neonatal units and the neonatal transfer service has led to savings generated from avoidance of waste due to incompatibility of products between units. Work is ongoing to share/develop best practices and deliver effective and efficient neonatal services. Leaflets are currently being developed to inform parents about the Neonatal Network in the west of Scotland. This group is also looking at developing, in collaboration with parents, a parents’ passport. This group is committed to identifying where productivity and efficiency savings can be achieved.

- Data and Audit Group – this group is under development. The remit of this group will be to ensure that adequate data for submission to the agreed dataset for neonatal services is readily available to allow a consistent regional/national approach for audit, benchmarking and clinical improvements and service planning.

- Neonatal Education and Training Group - this group has ascertained current training levels for resuscitation of the newborn and Qualification in Speciality (QIS - Neonatal) across the network. A learning needs analysis has also been undertaken and discussions are underway to develop specific learning packages for staff, including nursing (registered and non-registered), medical and AHPs. The recent development of a community of practice on the Managed Knowledge Network (MKN) website has given a good platform and is readily accessible. This group is also developing regional competency documents for registered and non registered nursing staff working in neonatal units.

- Parents’ Group – represented by voluntary agencies Bliss, SANDS and Scottish Cot Death Trust (SCDT) and parents/users of neonatal services. This group is expanding and has given valuable input on their experiences, views and needs of babies and their families who require neonatal services. Collaborative work is underway on the development
of leaflets they feel would be useful and discussions are underway regarding the development of a parent passport. This group has also had effective input to regional meetings, the Neonatal Coordinators Group and the steering group

- West of Scotland Clinical Guidelines Group – this newly formed group is an extension of the previous GG&C Clinical Guidelines Group and has been a welcome development for the region. This group has prioritised regional guidelines for development/review and has representation from medical, nursing and pharmacy colleagues from each Board.

The Perinatal Advisory Service (PAS) scoping exercise initially funded for a period of 6 months has been extended by the Scottish Government. This service provides a one stop point of contact for the coordination of in-utero and ex-utero transfers and facilitates the identification of an appropriate staffed cot within the network and improves efficiency and safety of service. The network is hosting and supporting the project. Evaluation of the effectiveness of this service is underway and will be presented before the end of 2012 to colleagues across Scotland.

West of Scotland Paediatric Gastroenterology, Hepatology and Nutrition Network (WoSPGHaN)

The West of Scotland Paediatric Gastroenterology, Hepatology and Nutrition Network has been established since 2009. The clinical lead of the network is Dr Paraic McGrogan, Paediatric Gastroenterologist, Royal Hospital for Sick Children, (RHSC) Glasgow and the manager of the network is Marianne Hayward.

Work programme

Network Clinics

The network now has share care clinics established across the west of Scotland which are supported by a team of dedicated paediatricians, nurses and dietitians in each local area. All the national delivery funded posts are in place. The number of share care clinics varies area to area but varies between 4-6 per year. The network is currently auditing the impact of this in terms of activity and 'Did Not Attends' (DNAs) in respect to RHSC Glasgow.

Patient Involvement

The network has held a number of patient involvement initiatives in 2011/12. There was a large family’s day held in Strathclyde Park for Lanarkshire families. This was well attended by over 100 people. There was an opportunity for families to hear from professionals in the morning and voice their experiences in the afternoon. The report from the day has been translated into an action plan. Families and clinicians are involved in the implementation of this action plan. Examples of the work in progress includes, access to clinics, avoiding duplicate appointments, better local information. Other patient involvement events have included local meetings with families in Forth Valley and Ayrshire.
The network has also undertaken patient experience questionnaires to evaluate the patient journey through paediatric endoscopy, home bowel preparation and the coeliac service. Currently there is a piece of work asking families about their experience of the service within RHSC Glasgow, using I pad questionnaires. Findings from these initiatives will be fed back to inform services and the network future work plan.

**Education and Training**

The network welcomed Elaine Buchanan (dietetic lead) and Karen Sinclair (nurse educator) in 2011/12. Work is on going on looking at the learning and training needs of staff within the network. An education strategy will be published in 2013.

**Enteral Feeding Working Group**

The network has undertaken a large piece of work around enteral feeding through 2011/12. This has included patient engagement, scoping pathways for equipment, staff and costs plus patient and staff education and competencies. A number of pieces of work are near completion; this includes staff and patient education plus competencies. Future work will be clarifying the pathways and costs across the region looking at cost and efficiency savings.

**Inflammatory Bowel Disease (IBD) Working Group**

The network has contributed annually to the national paediatric IBD 400 audit. The report was positive for the West of Scotland. The report demonstrated improvements in care from the previous audit (2009) and in the majority of clinical areas, the network was higher than the national average. Notable successes were that 100% of patients received access to an IBD nurse (national average 71%) and there are now patients being offered laparoscopy with RHSC Glasgow. Challenges for the network are to achieve national targets set for requesting standard stool cultures (56%) and Clostridium Difficile Toxin (CDT) (33%) samples in none elective patients with diarrhoea. In the 2009 report this was 36% and 17% prospectively. The region is still above the national average of 41% and 28%, however as some areas of the UK are achieving 100%, there is still work to do.

The MCN IBD working group has developed an action plan with is taking forward the key areas of IBD 400. Additional work from this group has included a work stream to roll out the provision of infliximab infusions in the local DGH areas. Work is currently ongoing to develop competency packages for staff and work with local teams on the practicality of delivery. This will benefit patients as they will not have to travel to RHSC Glasgow for treatment. Cost savings can be achieved by more efficient use of staff time e.g. combing day case appointments with paediatric rheumatology, which also use this method of treatment.

**Endoscopy Working Group**

The network endoscopy group has developed a rapid access pathway for endoscopy, clinical guidelines and patient information. The Endoscopy working group has developed a pathway for home bowel preparation, allowing patients who would have
previously been admitted to hospital to do this at home. A number of patients have been through the pathway and the network is currently auditing the patient experience through this. A report will be available early 2013.

Coeliac Service

RHSC Glasgow had the first dietetic led paediatric coeliac service in the UK. Seeing approximately 40 -50 new patients per year, this service has a truly patient led approach, which includes direct referral for endoscopy. This unique service has meant freeing up consultant time. The network plans to roll this service out to the other health board areas in the west. Currently this has happened for Lanarkshire, with the rest of the west health board areas to follow in 2013.

West of Scotland Paediatric Complex Respiratory Managed Clinical Network (WoSCoR)

Introduction

WoSCoR was designated as a network by the West of Scotland Regional Child Health Group in spring 2009.

The funding for the establishment of the network came from the National Delivery Plan (NDP) in year 2 and a formal launch day was held on 12 March 2010. The overall aim of the network is to provide a high standard, evidence based service for children affected by the conditions covered by WoSCoR.

The Lead Clinician for WoSCoR is Dr James Y. Paton who is supported by Marianne Hayward, Head of Services and Barry Hope of the MCN Department.

Work Group Update

Patient Involvement

There has been patient engagement through the MCN steering group through the British Lung Foundation (BLF) and Asthma UK.

WoSCoR have been given the go ahead to work with Asthma UK to develop patient experience focus groups. Initially this will be piloted in NHS Greater Glasgow and Clyde and Ayrshire. In addition to this work a meeting has to be arranged to take forward the questionnaire with the BLF with regards to the proposed Oxygen Therapy Services patient experience questionnaire.

Provision of Domiciliary Oxygen Working Group

This network working group are working towards providing standard patient, parent and carer information booklets, which will be locally focussed. For example details on local area taxi companies for travel, local contacts in NHS and if applicable, local external support groups and charities. The group is also working towards standardised discharge paperwork for nursing staff and for parents/carers which will be rolled out across the West of Scotland.
The group is in the process of drafting a patient experience questionnaire which will be distributed via Oxygen Therapy Services to patients with home oxygen across the West of Scotland.

Sleep Breathing Disorders Working Group

This working group has agreed and is close to finalising a guideline in Pulse Oximetry in the diagnosis of Obstructive Sleep Apnoea Hypopnoea Syndrome in Children, which includes background information and also pathway algorithms for children in a high risk and low risk category. Ultimately the group aims to standardise practices in each District General Hospital across the West of Scotland in terms of their pathway of care, testing and also reporting procedures.

One training session has been held at RHSC, Glasgow to promote the new guidelines which was successful and a subsequent training session is likely to be arranged before Christmas 2012 to include health board representatives who were unable to make the previous session.

Management of Respiratory Complications for Complex Neuro developmental Disorders

Two clinical guidelines have been drafted by this group and are in their final stages by this group. These are a management plan for Upper Airways Obstruction in children with neurodisability and a management plan for Drooling and Aspiration. Once finalised and agreed these will be rolled out across the West of Scotland with appropriate training sessions arranged. The group are also working with CHAS to produce a Respiratory Assessment form for children within this category which will include palliative care. In the near future the group will look at data collection, with the idea of identifying the number of children with GMFCS Grades 4-5 across the West of Scotland.

Non CF Bronchiectasis

The group started later than the others and are progressing towards a Standard Operating Procedure for the West of Scotland to notify Paediatricians of what test should be carried out on this category of children initially and annually. Data collection has been discussed to determine the numbers of patients across the West of Scotland and also to record if/when these appropriate tests have been carried out and when they should be carried out.

Paediatric Respiratory Physiotherapy

The Paediatric Respiratory Physiotherapists have produced a standardised Respiratory assessment form and guideline which has been rolled out to all hospital and community Physiotherapists across the West of Scotland. This was done with appropriate training sessions being delivered as a ‘train the trainer’ for the link Physiotherapists who then provided training within their own health board.
Paediatric Respiratory Nurse Group

The group is in the process of producing standardised training materials for nursing staff across the West of Scotland using on line training (LearnPro), the production of a Respiratory Awareness booklet for nursing staff and specific training materials and training sessions for Tracheostomy.

West of Scotland Paediatric Lung Function Services

Via the NDP Years 2-3 allocation, funding was given for sessional time for a Lung Function Technician in NHS Forth Valley and NHS Lanarkshire. The Technician for NHS Lanarkshire is in post in NHS GGC with services agreed through a service level agreement. The Technician for NHS Forth Valley has yet to take up post but we see this happening imminently. Both Technicians will assist in lung function testing/reporting and skin prick testing.

Clinical Case Discussions

The group has agreed to implement a monthly Clinical Case Discussions meeting for the WoS to discuss Respiratory cases. The object would be to facilitate discussion in person and via VC, with Radiology presence, of x-rays in relation to respiratory conditions.

Clinical Audit System (CAS)

The CAS system is being implemented across the national MCN’s with a view to taking on the 2 West of Scotland Paediatric Networks, WoSCoR and Gastro (WoSPGHaN). This system would greatly enhance the ability to collect data for audit and to measure the success of the network and it’s guidelines via identified Quality Indicators.

Other Pathways/Guidelines

A Pathway for Adrenal Insufficiency and Standard Testing and Reporting with guidelines are currently being worked towards by smaller groups and in liaison with other MCN’s e.g. Scottish Paediatric Endocrine Group MCN.

West of Scotland Child Protection Network

Managed Clinical Network (WoSCPN)

Introduction

The West of Scotland Child Protection Network was established following a comprehensive feasibility study in 2002 which identified key areas for development as:

- Key personnel must be in place, with protected time, to plan and provide a service.
- All staff working in child protection should be adequately supervised and managed.
- Clinical accommodation, facilities and equipment should be of high quality and easily available to all staff working in child protection.
• Systems should be put into place to facilitate health’s participation in tripartite Initial Referral Discussions. This would ensure early intervention of Health Services when necessary.
• There should be easily accessible access to Comprehensive Health Assessments for all children who may have been abused or neglected including speedy access to follow up health care.
• Health staff working in child protection require high quality training, education and peer review to support them in their role.
• Child Protection health services should be systematically audited and monitored to assure quality.

The Lead Clinician for WoSCPN is Dr Jean Herbison who is supported by Karyn Robertson, Network Manager and Michelle Nolan, Network Administrator from the MCN Department. The running of the Network is overseen by a multi-disciplinary, multi-agency steering group chaired by Dr Derek Cox.

Work Group Update

Service User Group

Following on from the successful development of the leaflet “All You Need to Know about a Forensic Medical” in conjunction with young people from Who Cares? Scotland, the group is looking to take a similar approach to the development of information materials around comprehensive medical assessments. The group is also looking at ways to capture service users’ experiences in a non intrusive way through working with colleagues in other agencies.

Education and Training Group

Following very successful Emotional Abuse training events in November 2011, a plan was established to build capacity to offer this training across the West of Scotland through a cohort of local trainers. A ‘train the trainers’ event was held in May 2012 followed by a further Emotional Abuse training event at which the trainers were able to observe. Recordings of the presentation elements of the event were taken as a resource for the trainers.

A learning needs analysis questionnaire has been developed which will be distributed to the Executive Leads for Child Protection in each health board area. The aim of this is to establish what is available locally, what is best provided via the MCN and where resources can be shared between health boards to avoid duplication in the development of educational resources. This will form the basis of the Network’s education strategy.

Standards/ Guidelines/ Protocols

To establish the priorities for development of standards, guidelines and protocols for Child Protection within the West of Scotland, the group has developed a questionnaire to be completed by each health board. This will establish for a variety of topics relating to child protection:
What is in existence at health board level currently that could be adapted for the West of Scotland
What are the gaps where guidance is required

The group are currently reviewing two existing WoSCPN guidelines:
- Best Practice Procedures for Children Requiring Radiological Investigation where there is concern about potential abuse
- Guidance on the Management of Children Referred with Anogenital Warts (AGW)

A data collection form has been developed for auditing the Anogenital Warts guidance and options for data collection are currently being explored.

In addition the group is reviewing the local health board DNA/No access policies to ensure a common approach and looking at a West of Scotland approach to the management of intimate images which may become evidence.

Service Development

The service development group will review child protection services across the West of Scotland to ensure effective and equitable provision. The group is currently reviewing the benchmarking work undertaken in 2008 and using that work as the basis for an assessment of what service is available currently.

Website and MKN

An extensive review of the West of Scotland Child Protection Network website and MKN page has been undertaken. The website now has a number of helpful resources and links in relation to child protection. The MKN also has resources including network guidelines and links to the local health boards’ guidance on child protection and locally available child protection education and training.

www.childprotectionmcn.scot.nhs.uk


WEST OF SCOTLAND DENTAL CONSORTIUM

Redesign of Secondary Care Services
A key focus for redesign this year has been around the implementation of the electronic referral form. The group have commented on the electronic referral form and revised referral criteria for Glasgow Dental Hospital and School. Further work on clinical pathways is ongoing within GG&C.

Planning and Implementation of Restorative Pathways
West of Scotland Boards have discussed alternative models of provision of specialist secondary care dental services in a primary care setting. Restorative pathways scoping work has been completed for periodontics and endodontics. Boards have now agreed to establish a pilot project to test the redesigned pathways and are progressing the appointment of project support post to establish a West of Scotland pilot. The group is also considering options for use of tele-dentistry to support improvement in local access with a pilot anticipated in Dumfries and Galloway.

**Monitoring Secondary Care Dental Services**

The group has a key role in monitoring the performance of secondary care dental services provided to West of Scotland Boards under the terms of the agreed SLA and activity and waiting times performance reports are presented regularly to the Consortium for review.

In addition to the above the West of Scotland Dental Consortium has progressed work in a number of other areas:

- Considered and commented on the SDNAP Restorative Dentistry Needs Assessment Report
- Shared progress with capital developments at Glasgow Dental Hospital and School, which include investment in the building/plant infrastructure, upgrading of central sterilisation facilities to meet Glennie compliance and refurbishment of restorative clinics on level 6 and level 7
- Established a pathway from RHSC to West of Scotland Boards for notification of any Child Protection issues associated with children referred for GA extractions
- Agreed the criteria for Cone Beam Scanning referrals and arranged dissemination of this information. Referral guidance criteria have been updated, circulated and agreed
- Undertake an annual review of the Service Level Agreement.

**WEST OF SCOTLAND PLASTIC SURGERY CONSORTIUM**

The main focus for the group in the last year was finalising proposals and agreeing additional funding for a new Skin Cancer Nurse Practitioner service which would benefit all Boards concerned. Members of the group were also involved in the national review of the Aesthetics Protocol and an updated Adult Exceptional Aesthetic Referral Protocol (June 2011) has now been issued.

In terms of the Regional Pathway for Immediate Breast Reconstruction, a few local issues remain; however, work continues to shape the new pathway. The service had benefitted from the initiatives established to improve efficiencies through regional working, particularly the new procurement approach which is now being taken forward within the five WoS boards - mammary implants having been the first product reviewed resulting in significant savings.

Having reviewed and revised its terms of reference, the Sub-Group is now well established with a detailed workplan in place. A few highlights from the group are summarised as follows:
• Ensuring compliance with 18 week pathway including effective e-vetting, electronic monitoring cross boundary and increasing efficiency of pre-operative assessment
• Review of aesthetic referral pathway in light of expectations of the Patients’ Rights Act
• Development of pathways for hand trauma and facial palsy
• Development of performance scorecards for NHS Greater Glasgow & Clyde, NHS Lanarkshire and NHS Ayrshire & Arran services.

WEST OF SCOTLAND ORAL MAXILLOFACIAL SURGERY GROUP

Regional strategy

The Group has an agreed strategy to bring all specialist surgery together at the Southern General Hospital by 2015, in response to both growing sub-specialisation within the specialty and the planned retiral of several consultants in the coming years. Inpatient services for NHS Dumfries & Galloway and NHS Forth Valley have already been transferred. Both Boards continue to offer outpatient, day case and very short stay (1-2 day) surgery locally. Work continues through the Group to review the success of these transfers and to implement learning points from them.

In 2011/12, an updated workforce plan was finalised to support Boards’ planning of both local services and future regional pathways. Work was also undertaken on assessing whether elements of service could be transferred in advance of the 2015 date. Capacity and demand work was undertaken to review weekend out-of-hours cover, but the Group’s assessment was that early regionalisation of this workload would result in short-term additional costs in Glasgow with little or no reduction in resources required locally.

NHS Ayrshire & Arran agreed to transfer their complex surgical workload (all major cases with a project length of stay of greater than 3-4 days) in January 2013

With the help of NHS 24, the Group continues to look at how telemedicine can be used to support local delivery and reduce the numbers of transfers, particularly out-of-hours.

Rotas

There is a single upper trainee rota for the West of Scotland, which has been under considerable pressure for some time. Funding was agreed by WOS Boards for additional clinical fellows, but recruitment into upper training posts remains an issue
across the UK. The current iteration of the rota has been banded as EWTD-compliant, but remains dependent on locum support.

The West of Scotland Workforce Planning Group has been leading discussions with the Dental Deanery on the continued inclusion of dental trainees on the lower rotas, which support both this service and local out-of-hours dentistry provision in most Boards. This continues to be monitored.

Pre-assessment

One of the learning points from the transfer of NHS Forth Valley inpatients has been the importance of getting the pre-assessment process right. The Board has developed a transfer pack for clinicians which goes with the patient when they are transferred to the Southern General Hospital and the Group is working on developing this electronically via TrakCare and Portal.
Renal Dialysis Planning Group

The main challenge of the group remains managing the growing need for outpatient dialysis provision. Across the West of Scotland, utilisation of funded capacity is high, at 97%. New capacity has been created in NHS Lanarkshire, while NHS Forth Valley has accelerated the opening of additional dialysis stations at Forth Valley Royal Hospital. The development of a successful overnight dialysis session within NHS Ayrshire & Arran has provided useful learning for other Boards seeking to expand capacity, although this option will not be appropriate for all patients.

E-Health -Information Technology Developments

Having successfully rolled out SERPR (Scottish Electronic Renal Patient Record) to all West of Scotland Boards, the service now benefits from a single patient record available to all clinicians, allowing seamless care across centres. A key component of the system is direct patient access to diagnostic results via a secure online system, encouraging patients to contribute to their own care, in line with SGHD’s guidelines on self-management of long term conditions.

Patient Transport

Discussions with the Scottish Ambulance Service [SAS] have not as yet been successful in securing additional resources for dialysis patient transport, although WoS Boards continue to fund private provision for this patient group. Unlike patients requiring other outpatient or day case treatment, the needs for renal patient transport can be open-ended and can fluctuate on a daily basis. The service has, however, developed a new patient-led assessment form for assessing the need for supported transport. This will be taken forward during 2012 as a rolling assessment, to ensure that patient needs are being iteratively examined.

It is hoped that the changes to the wider Patient Transport Service, being rolled out by SAS from June 2012, will allow progress in the coming year.

WEST OF SCOTLAND NEUROSCIENCES GROUP

Spinal surgery

Over the last decade there has been a significant decline across the UK in the number of orthopaedic surgeons with a sub-specialty interest in spinal surgery to correct lower back pain, and the level of specialist trainees has been considerably below the level required for replacement of retirals. This has seen a slow and unplanned shift towards
this being a neurosurgery-led service. In the West of Scotland, there are now only 4 part-time orthopaedic surgeons (2WTE) who carry out this workload.

As a result, SGHD brought together a national group to agree a single pathway for spinal surgery which, in turn, led to regional groups being set up to review both needs and capacity more locally. Spinal surgery will be outwith the 12-week Time to Treatment Guarantee until October 2013 to allow Scottish Boards to develop this capacity.

The west group has supported the development of a single protocol for Extended Scope Practitioners to assess patients, building on work led by NHS Lanarkshire to develop this role. Members of the Group are involved in the Regional workstream, which continues into 2012/13, establishing base capacity, estimating demand and determining options for future service delivery.

**HIS standards**

Through the Group, West of Scotland Boards have developed a regional approach to meeting the HIS Standards for Neurological Services. In addition to specific work within individual Boards, the Group has established an annual clinical away day to bring Boards and their clinicians together with the Third Sector to ensure care is provided as locally as possible. The 2011/12 event focused on identifying gaps within both local and regional services and developing Top 10 Priorities for each Board. The 2012/13 event will focus on agreeing specific pathways, including headache.

**Tele-neurology**

Following the establishment of a successful tele-neurology service for NHS Western Isles, discussions are taking place to extend this to other rural communities, including within Argyll & Bute, to prevent patients with long-term conditions making repeated outpatient journeys to Glasgow for care.

**Quarriers – Scottish Epilepsy Centre**

The Group continues to work with Quarriers to develop their inpatient assessment service for people with uncontrollable seizures. This includes agreeing prices for care packages and developing clinical pathways, both for people accessing the service and for those patients who need to be readmitted to NHS acute facilities from Quarriers. Quarriers will open the new Scottish Epilepsy Centre in Glasgow in 2013, the build is on schedule and the Group is working with them to develop their services. All NHS Boards have contributed capital funding to the new centre.
WEST OF SCOTLAND FORENSIC QUALITY & GOVERNANCE GROUP

The WoS Forensic Planning Group was established in 2007 with a remit reflecting the NHS HDL (2006) 48 guidance, which defined the purpose of such a group as follows:-

- Continue to develop regional services for forensic patients
- Monitor patient flow through the system to match service capacity with demand
- Have robust commissioning and purchasing arrangement for out of region placements
- Develop joint clinical governance systems across the region.

The WoS Forensic Planning Group has met regularly over the last four years and in relation to the first three suggested functions described above, the WoS Forensic Planning Group has either developed these functions within its own construct or through collaboration and input to the National and Inter–Regional Forensic Networks. There was general agreement within the WoS Forensic Planning Group, which having fulfilled and maintained its functions, that there was limited benefit in continuing the group in its current format.

A position paper was proposed and agreed by the group to discontinue the WoS Forensic Planning Group and replace it by a single WoS Forensic Quality and Governance Group (WoSFQ&GG), comprising largely of clinicians and relevant managers whose remit it is to concentrate on service quality, clinical activity, access, equality, health improvement and practice. Since the transition the WoSFQ&GG has presented a number of reports capturing service activity against the main domains of the NHS Quality Strategy e.g. annual report, quarterly reports.

The WoSFQ&GG workplan has been developed and is benchmarked against the healthcare quality drivers and quality outcome measures, the medium secure care standards outlined in HDL (2006) 48 Forensic Mental Health Services and the new low secure/community standards. All wards have completed the Scottish Recovery Indicator (SR12) audit, the creation of the carers’ group, the continuation of EQIA development and work is currently underway in developing a new national high/medium secure standard framework which the group plans to use to measure and audit the service against. In addition the Directorate of Forensic Mental Health & Learning Disabilities, NHSGG&C was benchmarked against the national low secure/community forensic audit in March 2012. The outcome of that audit was very encouraging and favourable in regards to the quality of the service that the directorate delivers. NHS Lanarkshire was audited with very positive results in the original pilot and is due to be re-audited in August 2012.

Over and above the Quality and Governance approach, the WoS Forensic region is in the process of setting up a review of the financial risk share approach for the 48 beds associated with the Service Level Agreement (SLA). Agreement was previously reached that the current approach would continue until financial year end 2013/14, but that a proposed future approach would be agreed by the calendar year end 2012.
Members from the west Forensic group are also currently contributing to a review of the national bed configuration for the medium secure estate, working in conjunction with the Forensic Network, the other two Forensic Regions and National Services Division (NSD).

**REGIONAL eHEALTH LEADS GROUP**

The West of Scotland eHealth Leads Group meets on a bi-monthly basis in order to continue to develop and manage the delivery of the regional eHealth Programme.

Since last year there has been a requirement for NHSS Boards to develop and submit eHealth Delivery Plans to the Scottish Government eHealth Department. The plans include 6 strategic aims:

- Maximise efficient working practices, minimise wasteful variation, bring about measurable savings and ensure value for money;
- Support people to communicate with the NHSS, manage their own health and wellbeing, and to become more active participants in the care and services they receive;
- Contribute to care integration and to support people with long term conditions;
- Improve the availability of appropriate information for healthcare workers and the tools to use and communicate that information effectively to improve quality;
- Improve the safety of people taking medicines and their effective use
- To use information and technology in a co-ordinated way to provide clinical and other local managers across the health and social care spectrum with the timely management information they need to inform their decisions on service quality, performance and delivery

The eHealth Regional Leads Group has ensured that the regional work plan is in line and consistent with the delivery of the strategic aims.

There has been a major change in how eHealth funding from Scottish Government is allocated and where this budget is held. A significant part of the allocation previously held by NISG is now “bundled” and devolved to the NHS Boards for management. The bundling approach supports the shift in emphasis of public service delivery from inputs to outcomes while increasing flexibilities for NHS Boards in resource planning. A number of specific programme allocations are aggregated into each bundle. NHS Boards can then apply the total bundled funding flexibly to meet outcomes specified by SG policy leads for programmes within the eHealth Delivery Plans.

Regionally this has allowed the eHealth Group to access funding for a number of the initiatives on the regional workplan particularly in relation to efficiency projects and clinical portal implementations.

The eHealth Group link closely with the eHealth Department at Scottish Government and also the National NHSS eHealth Leads Group. Governance has been strengthened to include direct reporting to the Regional Planning Group in relation to
the development and delivery of the regional eHealth Programme and also strategic support for regional initiatives.

1. **Chemotherapy Prescribing System (CEPAS)**

   The CEPAS implementation is nearing completion with one remaining implementation in Glasgow Royal Infirmary in 2012.

2. **Shared Services**

   A range of infrastructure initiatives have been underway which will allow Boards to support regional services.

   2.1 *Creation of a regional network.* Detailed options have been completed and costed and tactical changes have been implemented to allow inter-Board connections for access to application systems where required.

   Longer term eHealth are leading on the procurement of a Scottish Wide Area Network (SWAN). Because of its size and reliance on networks to support patient care it is recommended that the NHS is the ultimate design and contract Authority for SWAN. The aim of the SWAN is to:

   - meet the wide area networking requirements of NHS Scotland for the next seven years;
   - enable early adoption by other partner organisations and encourage other partner organisations such as Local Government to join the service at a later date through a Contract Change Notice;
   - ensure continuity of network services, these services are critical to operational delivery of health services within Scotland;
   - enable NHS Scotland to have greater control over the new contract than N3 and prioritise network developments to support patient care; and
   - support greater integration across health and social care in Scotland as well as the wider public sector.

   NSS will undertake the competitive procurement on behalf of NHS Boards before September 2012 to ensure that contracts are agreed and in place prior to the expiry of the current N3 contract in March 2014.

2.2 *Shared Hosting & Data Centre.* A refurbished data centre at the GJH was connected to NHS Lanarkshire and NHS Ayrshire & Arran for the purposes of providing a shared infrastructure for disaster recovery. NHS Ayrshire & Arran are now sending real-time data from PMS to the GJH data centre for disaster recovery and resilience. NHS Lanarkshire will also be using this regional data centre for the same purposes.

2.3 *Enhanced Office Communications.* NHS Lanarkshire & NHS Ayrshire & Arran have purchased enhanced office communication tools (Lync) with NHS GG&C extending use of existing technologies. Implementations have commenced this
All installations are being configured to ensure that inter-Board communications can be achieved.

### 2.4 Telephony Services

The scope of the regional eHealth shared services plan has been extended to include telephony services. A number of the Boards have recently moved telephony services from Estates & Facilities into eHealth and it was agreed that there was an opportunity to look at collaborative opportunities within Telecoms.

NHS Ayrshire & Arran and NHS Lanarkshire have recently reviewed and re-baselined the BT costs ahead of the new BT contract for hosted voice. This review process will be extended during 2012 to include charges for mobile phones, switchboard support and maintenance and pagers.

### 3. Clinical Portal

Both NHS Lanarkshire and NHS Ayrshire & Arran purchased the Orion Portal which is also used in NHS Greater Glasgow & Clyde and GJH. Implementations commenced this year. There is a high degree of collaboration within this programme to ensure that available resources are maximised.

A regional workshop has taken place to agree the principles of how secure access will be provided via clinical portals to patient information.

### 4. New Patient Management System (PMS)

Within the West of Scotland PMS is now live in NHS Lanarkshire, NHS Ayrshire & Arran and Clyde sites in NHS Greater Glasgow & Clyde. Phase 2 implementation plans have been agreed across the Consortium and include 18 weeks RTT functionality and electronic order communications and reporting.

### 5. IM&T Benchmarking

In order to analyse the current costs and service provision of IM&T in NHS Scotland funding has been provided by the eHealth Directorate within the Scottish Government to undertake an IM&T expenditure survey and benchmarking exercise. Whilst this will be led by the WoS eHealth Group the scope will cover all NHS Scotland Boards.

The results of the benchmarking survey will be used to further inform the shared services programme at a regional and national level. The benchmarking provides the opportunity to assess efficiency against peer groups in the public and private sectors and target areas for improvement or opportunities for collaboration. In addition it will form a baseline of total spend on IM&T which will be revisited each year.

### 6. Regional Cancer Workplan

During the year the Regional Cancer Advisory Group (RCAG) held a planning workshop to develop a regional workplan for cancer services. One of the facilitated discussions related to the use of technology to support care delivery.

It was agreed that the eHealth plan in support of regional cancer services would be updated and that the WoS eHealth Leads Group and WoSCAN would bring forward proposals for the development of a regional eHealth strategy in support of cancer services. It was agreed at the workshop to set further time aside with a small group of clinicians to focus on these priorities. A further workshop with the clinicians took
place in June 2012. Agreement was reached to further deploy the NHSGG&C Cancer MDT system with enhanced video conferencing facilities in order to assess what areas of development may be required should the system be rolled out across regional cancer services. In addition issues relating to video conferencing in support of MDT meetings were discussed and it was agreed that if necessary some additional equipment would be provided where the MDT system was being tested in order to assess the optimum video conferencing environment.

7. **Video Conferencing**

The reliance on video conferencing (VC) facilities has increased substantially. The table below shows the number of VC systems across NHS Scotland that have been migrated onto the national management system (IP) and the increased number of video conferences held across NHS Scotland since July 2011. The table also shows the estimated CO2 savings that have been achieved across NHS Scotland through the reduced need to travel.

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<th>July 11 - Sep 11</th>
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<th>Jan 12 – March 12</th>
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<tr>
<td>CO2 Savings (tonnes)</td>
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<td>450</td>
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The WoS eHealth Leads assumed responsibility for the improvement actions within the Improving Video Conferencing in the West of Scotland Report.

Analysis of the current video conferencing provision in the region and support arrangements has been completed this year. NISG were asked to identify and shortlist options for improving support arrangements. The Regional eHealth Group have considered these options including the national plans for bridging services and ongoing support of video conferencing.

Steps have been taken to ensure that support arrangements are optimised and staff who manage the education centres and conference rooms are being provided with VC training.

An assessment of bridging services has been carried out and working with the national Video Conferencing Programme Board a series of recommendations has been made by the Regional eHealth Group in relation to improvements in this area. All WoS Boards now subscribe to the national directory management system to support call dialling between Boards.

The majority of video conferencing systems have been migrated in the region and the associated standards have been adopted.

In addition to the migration, eHealth Leads have undertaken to improve staff knowledge and training. This includes staff who are responsible for meeting rooms
and conference facilities as most issues relate to simple, local infrastructure problems that can be resolved quite quickly by staff in the locale.

**WEST OF SCOTLAND SEXUAL HEALTH MANAGED CLINICAL NETWORK**

The MCN has now reached the end of its third year and continues to support cross border co-operation with the aim of quality service provision.

Following the conclusion of the reviews undertaken around the QIS standards for sexual health, the MCN has supported local services to implement the recommendations which arose from the reviews and sought co-operative cost effective solutions as part of this. As well as actions specific for each Board there were certain common themes which emerged from the QIS reviews across the West of Scotland. This has resulted in specific projects in areas such as experience of services by men who have sex with men (MSM) and how we can engage Primary Care more directly in the provision of generic sexual health services.

Another major influence on the work of the MCN has been the launch of the national Combined Framework for Sexual health and Blood Borne Viruses (BBV). This provides the new strategic context for sexual health in both clinical and prevention fields, and encourages closer co-operation with services for people at risk of HIV and Hepatitis, which share many of the same priority population groups.

The framework, alongside the outcomes of the QIS process, have informed the continuing series of MCN best practice workshops, which continue to be extremely popular events and have assisted in sharing learning and encouraging co-operation.

In November, the MCN hosted a workshop concerning sexual health services for young people. It emerged that the biggest concern for services was clinicians being able to access timeous, consistent, high quality advice around child protection, particularly for young people presenting at clinics having been subject to significant sexual risk and/or exploitation. This led on to a regional conference on this topic with around 80 attendees from a range of disciplines with outcomes to be progressed in partnership with child protection structures.

The MCN’s Clinical Guideline group has now implemented 26 West of Scotland clinical protocols covering the whole range of sexual health. Towards the end of 2011/12 the MCN has moved on to more focused protocols around rarer diagnoses or those diagnoses relevant to particular client groups. The process of development ensures that the MCN comes up with best practice will be the output by virtue of five Boards contributing, and that there will be a consistent approach to clinical treatment and care across the region.

Some other key highlights from the work of the MCN in the last year include

- Expansion to include NHS Cumbria, who have joined the network as associate members (i.e. not full members) and bring a different perspective from providing sexual health services under the English system
Continued work around addressing inequalities for women accessing Termination of Pregnancy services, including co-ordination of a national steering group on Late TOP and development of a national service model to be implemented when a venue for a centralised Scottish late TOP service is identified.

Establishment and co-ordination of the steering group for MSM experience in accessing primary care, including a comprehensive survey of men’s experiences regarding their sexual orientation and whether this affects their relationship with their GP practice.

Completion of gap analysis showing up differences in sexual health training provision across the five member Boards.

Annual conference in June 2011 exploring current best practice in sexual health service provision and future action plan for the MCN.

For further information on the work of the West of Scotland Sexual Health MCN please visit the website on [www.sexualhealthmcn.org](http://www.sexualhealthmcn.org).

WEST OF SCOTLAND JOINT PLANNING GROUP FOR AMBULANCE SERVICES

The joint ambulance planning group is a well established vehicle for west Boards to share strategic plans at an early stage with colleagues within the ambulance service whilst also enabling ambulance colleagues to discuss the potential impact of any changes they may be planning in service provision. This dialogue enables the NHS Boards and the SAS to effectively work together to deliver strategic service change.

Examples of engagement between NHS Boards and the SAS over the last year include:

- Review of Ambulance Provision of Tenecteplase resulting in cost savings to Health Boards

- Roll out of the national redesign to Patient Transport Services in the West of Scotland and prioritisation of areas to target benefits realisation

- Monitoring of performance figures including journey times and hospital turnaround times

- Focussed work on renal transport provision including detailed audit of patient needs and development of new profiles to inform decision making

- Review of redesigned front door models for managing GP medical admissions in Dumfries and Galloway and NHS Ayrshire and Arran.
REGIONAL REHABILITATION TECHNOLOGY PLANNING GROUP

2011/12 has seen further work on the redesign of WoS wheelchair and seating services (WSS). Plans for the new centre in Lanarkshire were required to change in June 2011 for reasons beyond the control of the NHS. A revised local service specification has now been developed and NHS Lanarkshire is leading work to identify alternative accommodation that will continue to support the WoS WSS redesign programme.

Throughout 2011/12 the WoS Rehabilitation Technology Consortium has worked closely with the WSS redesign programme National Delivery Group as it developed a national exit strategy for the programme. Clarity was received late in the year on the availability of funding at the end of the 4 year redesign programme. Following a review of all components of the WestMARC service, plans have been put in place to ensure continued high quality service delivery within the available funding.

Within the prosthetics service, the WoS RT Consortium has noted the publication in 2011 of the Murrison report ‘A better Deal for Military Amputees’ was published. This report commissioned by the Department of Health in England highlights the issues for service personnel transferring from Armed Forces treatment centres, e.g. Headley Court, into mainstream NHS prosthetics services. This report is currently being considered within NHS Scotland and will influence the work of the WoS RT Consortium in 2012/3.

WEST OF SCOTLAND BARIATRICS AND WEIGHT MANAGEMENT GROUP

The National Planning Forum (NPF), a joint forum of Scottish Government and NHS Boards, was requested by the Scottish Government’s Preventing Overweight and Obesity - A Route Map Towards Healthy Weight (February 2010) to establish a subgroup to provide advice on treatments for obesity. It was also agreed that surgical options should be placed in the wider context of weight management. The Obesity Treatment Subgroup (OTS) set out options for a common approach to planning the provision of weight management services and surgical intervention for the treatment of people with severe and complex obesity. Following endorsement of this subgroups recommendations a short life working group was tasked by Chief Executives to take forward the national recommendations on the basis of the extensive evidence reviews, a health inequalities impact assessment and expert clinical reports. The short life working group’s advice published in July 2012 included actions to be taken forward both nationally and regionally:

Agreed national actions were around the need for care pathways for those patients with Type 2 diabetes who are age 18-44 years with a BMI 35-40 kg/m\(^2\) and recent (less than 5 years) onset of their diabetes (Priority 1) and also other groups of patients who, local clinicians, feel may benefit from bariatric surgery. National work was also needed around 3 key areas:

- Patient pathways from specialist weight management services into assessment for bariatric surgery, consideration of surgical procedures and follow up after surgery
• Assessment of patients who do not fulfil the criteria agreed by NPF through the use of local Board review panels for individual cases
• Provision of clinical and cost effectiveness outcome data on all bariatric procedures.

Regionally Boards were asked to:

• Work within regional planning groups to review centres within regions and consider existing services against the new criteria for surgical centres
• Work within regional obesity groups to agree phased increased capacity over the next few years
• Work within regional planning groups to review the level of Tier 3 provision and explore opportunities for cross board collaboration

At Present Tier 4 bariatric services are provided in 5 Health boards across the West of Scotland; Greater Glasgow and Clyde, Golden Jubilee, Lanarkshire, Ayrshire and Arran and Forth Valley. NPF guidance suggests centres should host at least 2 surgeons, who would each complete at least 20 operations per year (40 procedures per year minimum per centre). In addition, the guidance states that each health board must complete 9 operations per 100,000 people. West Boards have been working to assess the best options for treatment provision for the population and a number of potential options are now being scoped and further progressed.

WEST OF SCOTLAND VASCULAR SURGERY GROUP

In February, 2011 NHS Board Chief Executives agreed that there was a strong clinical case to review the provision of vascular services in Scotland and recommended that this project should be led by the NPF. In October 2011, the NPF produced A Quality Framework for Vascular Services. This paper gave a detailed review of the current provision of vascular services throughout Scotland. Based on the most recent guidance and evidence, the NPF recommended the provision of complex vascular services through service centres based throughout the country, two of which should to be located within the West of Scotland.

The Vascular Framework describes a Tiered service model, depending on the complexity of the clinical work undertaken. The model suggested is an integrated service, with a critical mass of vascular experts, which supports a specific geographic region and provides vascular input to local multidisciplinary teams (e.g. renal and diabetes) and carry out complex procedures on fewer sites.

The report proposes a ‘hub and spoke’ model of clinical care. This will mean specialist inpatient procedures are undertaken in a central hub with day cases and outpatients seen at a local District General Hospital. This would minimise the impact on the current vascular patient community.

Vascular procedures can be described in four Tiers. These are:
Tier 1 - Primary / Community Care

- The vast majority of vascular patients will be looked after within primary care by General Practitioners, Practice Nurses and Podiatrists. Conditions such as Peripheral Arterial Disease, Varicose veins and Venous Ulcers are manageable through drug therapy and lifestyle advice with General Practitioners referring to tier 2 where appropriate.

Tier 2 – Ambulatory Care and Rehabilitation

- New patient referrals and follow-up clinics
- Surgical procedures including venous surgery, minor amputations, venous access and primary vascular access
- Interventional radiology

Tier 3 – Complex In-patient Care

- Open surgical or endovascular repair (EVAR) of abdominal aortic aneurysm (AAA), carotid endarterectomy, assessment and management of critical limb ischemia, complex vascular access and care of vascular emergencies.
- In the hub and spoke model Tier 3 services would be undertaken at the hub hospital with Tier 2 activity being undertaken at the local DGH.

Tier 4 – Tertiary Referral Centres

Particularly complex, rare or highly specialist interventions (currently nationally designated). These services are nationally designated and commissioned via National Services Division (NSD) and provided by NHS Lothian. This service is currently being reviewed by National Services Division in the context of the Quality Framework for Vascular Services. The West of Scotland Regional Planning Group (RPG) considered the Quality Framework for Vascular Services at a meeting on 4th November 2011. The RPG members including Chief Executives endorsed the case for change and agreed that the implications of the Framework should be considered in more detail. It was felt that there was a need to understand the detail of the impact for the local population of any proposed changes. There was also a need for clear national acceptance of the need for change whilst local sensitivities should be taken into account around local implementation.

The RPG supported a two centre model for the region with one centre being based in Glasgow. Further, more detailed, work would be required to explore options for a second centre including the potential sizing and location of units. A Vascular Services Working Group (VSWG) involving clinicians and planners/managers met over the last few months to consider in more detail the potential options and implications for the Boards and populations they service within the west of Scotland. From the onset the need for public engagement and partnership involvement has been recognised and public and partnership representation have been key features of the work.

The VSWG considered options based on public impact, geographic implications, access times, current and future service provision, ability to provide the full range of treatments, interventions and support services, patient safety and workforce sustainability. The Scottish Ambulance Service was involved in a mapping exercise to ensure that any potential option for the delivery of Tier 3 services would be operationally feasible particularly in terms of the transport of emergency or urgent patients between hospitals.

During the options review process the Scotland-wide AAA screening programme was under development. The implementation programme for AAA screening will be completed across all Boards by December 2013. In the quality standards of the AAA
implementation programme, criteria was identified that potential Tier 3 centres would need to meet in order for patients to be sent for aneurism repair. Based on these criteria and the quality outcomes above it was agreed that any potential centre must have the following:

- 24/7 Consultant Vascular Surgical Rota
- 24/7 Consultant Interventional Radiology Rota
- The ability to offer AAA repair with EVAR

Following a three month review process the group has been able to assess those hospitals currently offering Tier 3 Vascular Services and identified potential options for implementation in the West of Scotland. These are now being progressed by the west group in more detail.

SECTION 4

WORKFORCE SECTION

Revised Regional Workforce Planning Arrangements

Revised arrangements for regional workforce planning in the West were introduced in February 2012, following the decision by the region’s Chief Executives not to replace the Regional Workforce Director role when this became vacant. Extensive discussion took place within the region to discuss the way forward in light of this decision and the new arrangements were endorsed by the Regional Planning Group (RPG) at its meeting in January 2012.

The new arrangements, which are predicated on a collaborative HR Director approach, make use of current capacity to sustain a regional approach to workforce planning. To support this, a West HR Director Group has been established to allow regional consideration of all HR and workforce issues, and to ensure Boards continue to work together regionally on shared issues. A representative from the HR Director Group attends RPG meetings to ensure robust workforce input is maintained, and which allows RPG members to discuss the issues affecting Boards and offer strategic leadership.

As part of the new arrangements, the RPG agreed that an annual stakeholder meeting would take place to ensure wide consideration is given to the range of complex workforce challenges facing the service, and to allow individuals to influence the necessary actions required.

To support the HR Director Group, the Regional Workforce Core Group, has been replaced by a West Region Workforce Planning Network, established to provide a forum for Board workforce planners to share good practice, identify key issues and provide workforce planning support at a regional level to the various regional service planning groups.

In addition to this, dedicated regional capacity has been maintained to support the various projects, initiatives and actions relating to the medical workforce.
Medical Workforce

- Regional Medical Workforce Group

The Regional Medical Workforce Group has seen changes to its membership over the last few months, with all Boards and the West Deanery still being represented. Following Tim Davison’s appointment as Chief Executive of NHS Lothian, the Group is now chaired by Dr Alison Graham, NHS Lanarkshire’s Medical Director. Robert Calderwood, NHS Greater Glasgow & Clyde, provides Chief Executive input to the Group as necessary.

The Group continues to lead and oversee all issues relating to the medical workforce across the West, ensuring robust service involvement in decision making on issues relating to the medical training workforce and the medical workforce in general.

In addition, seven Regional Specialty Sub Groups have now been established to support the ongoing work of the Group, initially for Anaesthetics, Emergency Medicine, Medicine, Obstetrics & Gynaecology, Psychiatry, Paediatrics and Surgery, which will allow a ‘state of readiness’ where medical workforce issues can be considered quickly by those most knowledgeable in the service, and for views to be fed back into the regional group. All Boards from across the West are represented on each Sub Group, as well as West Deanery colleagues. Each Sub Group is chaired by a Medical Director or senior member of the main regional group.

- Reshaping the Medical Workforce

Over the past year, the region has continued to influence the national reshaping the medical workforce agenda, which continues to be a priority area, specifically through the region’s representatives on the Reshaping Governance Working Group and Reshaping Project Board. The Working Group recently carried out a review of the implementation of the reshaping policy to date, the focus of which has been to move from a service provided by trainees to one provided predominantly by trained doctors. The review sought to identify progress so far and carry out an options appraisal for the future of the reshaping project. The result of the review was a recommendation made to the Project Board to take a specialty specific approach to the reshaping project in the future, which the Project Board endorsed. Work was carried out nationally to compile a risk register to form part of the Scottish Government’s annual consultation process on medical trainee establishment, which was published at the end of July 2012. The consultation this year focused on target establishment, as opposed to trainee annual intake. The RMWG submitted a West region response to the consultation.

At the Regional Planning Group’s meeting in March 2012, it was suggested that the region should carry out a detailed risk assessment of medical workforce issues, including the assessment of rota and service sustainability, to ensure potential risk areas are highlighted. The RMWG agreed that there would be benefit in the Group undertaking a collective regional risk assessment, and compiling a West region risk register, in addition to the national piece of work and work is currently in progress.

As part of reshaping plans, since 2009, the West has disestablished a number of specialty training slots, with 23 being disestablished in August 2011. There was a
collaborative approach to managing this, where the RMWG worked to identify how the reduction was to be shared across the region and which Boards were to receive the transfer of resources. From August 2012, the greatest reduction in training numbers so far in the West since the process began will be seen, with a total of 70 training slots being disestablished overall, 50 training slots where the resources will be returned to the service, and 20 which will be converted to Core Programmes. The regional group has again brokered the discussions to agree the share of this reduction across Boards in the West, which has been particularly challenging this year given the numbers and specialties involved.

A process is in place within the West to ensure the resources are returned to the service as soon as possible, once a training slot has been vacated, to ensure Boards are able to deploy the resources as they feel appropriate to support their service plans.

In January 2012, the Reshaping Governance Working Group arranged a workshop session with the Chairs of the national Specialty Training Boards (STBs), to discuss and identify ways in which to better engage around the reshaping process. This resulted in a number of actions, one of which was agreement to hold a follow up session later in the year, to coincide with the Scottish Government’s training numbers consultation process. A constructive workshop session took place in September 2012. The region was represented at both workshops and subsequent to the first workshop session, the RMWG made contact with each Chair to begin the process of establishing effective two way communication between the STBs and the region. STB Chairs now have an open invitation to attend regional meetings as required.

- **Regional Specialty Template Process**

This section includes an update on the annual regional specialty template process for 2011/12 and for 2012/13 as the RPG report spans this period.

Through the RMWG, Boards and the Deanery work together to jointly manage the annual template process, considering the Specialty Training Committees’ proposals on the distribution of medical trainees in the various specialties from August each year, in terms of educational need and the impact of these on service delivery and rota compliance. Working to achieve a balance of training and service requirements is challenging; however the Group was able to reach agreement and sign off the 13 regional specialty templates for August 2011.

The template process, which is unique to the West region, has improved year on year with Boards in the West, regional workforce and the Deanery working effectively to achieve this. However, the process for 2012 has raised some issues, specifically around governance, which the Group has agreed to review, along with the template process itself to ensure it remains fit for purpose.

Work is now complete on the review of the distribution of the medical trainees across the West from August 2012. The process this year has presented particular challenges, with the challenges of balancing the needs of the service and education being more evident this year. The majority of the templates were agreed; however this is the first year in which Boards have failed to reach agreement on a particular template. The Group has been unable to sign off the Medicine template for 2012 due
to major concerns around rota and service sustainability. Medicine is a particularly complex specialty with a mix of sub specialties, each having a different impact on 24/7 acute receiving.

In Medicine there are issues around the supply change, and to compound this, there are an increased number of Locum Appointments for Training (LATs) this year, of which a significant number remain vacant after the national recruitment process, leaving gaps in rotas. Boards have expressed their concerns around the distribution of LATs across the West, which is perceived to be inequitable.

The RMWG was therefore been unable to sign off the Medicine template for this year; however, recognised the need to progress with trainee appointments. The region’s concerns were expressed in a letter from the RMWG’s chair to the Postgraduate Dean. The issues facing the medical specialties, and all specialties, will be subject to further discussion by the RMWG and its Sub Groups.

The region will continue to face challenges around the medical workforce which reinforces the need for Boards in the West to continue to work collectively to address these, and to have greater influence around the national agenda. The region will continue to influence national direction around the reshaping agenda over the coming year.

- **Workforce Input to Regional Service Planning Groups**

The West Region Workforce Planning Network was formed early in 2012 to replace the West Region Workforce Core Group. The role and remit of the group was re-defined when the West Regional Workforce Director departed to another post with the aim of providing a forum for west board workforce planning leads to share good practice, identify key issues and provide workforce planning support at regional level. The West Region Workforce Planning Network is chaired on a yearly rotational basis by a Board workforce lead.

**Focus of the Group**

The focus of the West Region Workforce Planning Network is to:

- Provide the opportunity for Board workforce planning leads to discuss issues that they are dealing with within their Boards and share their learning and expertise.
- Act as a forum for developing the capability of the workforce planning workforce, ensuring skills and experience are maintained and developed through an agreed development programme.
- Ensure the west region workforce planning leads are represented and involved in all aspects of regional and national workforce planning.
- Identify regional workforce planning issues and inform the West region HRD’s Group.

Each Board is represented by a workforce planning lead and the network is also attended by the Regional Service Planning Director and representatives from key stakeholders such as NES.
From time to time others from the wider workforce planning community attend to contribute to the agenda. The group meets approximately every two months but this varies depending on business requirements. Support to the regional planning infrastructure is provided by identifying a board workforce planning lead who will provide on-going support and input to the appropriate regional planning group. Regular updates on progress and relevant issues are provided to the West Region HR Directors Group which was created to facilitate regional consideration of all HR and workforce issues and ensure that workforce planning resources are directed as appropriate.

Workforce planning support is provided through a nominated board workforce planner to the following regional groups. The following section details the workforce specific areas of work within these regional groups.

1. **Regional Chemotherapy Group**

The RCG has met once and is focusing on systemic anti cancer treatment (chemotherapy) in view of the anticipated increase in demand (8% year on year), different modes of delivery, new drugs and the ageing population. The full scope of the project is currently being defined including the workforce implications.

2. **Regional Oral Maxillofacial Group**

An exercise is underway to refresh the current workforce and staffing information on the regional OMF Service.

3. **Regional CAMHS Network Clinical Reference Group**

The WoS CAMHS Network funding announced by SG for 2012-2015 has been reduced and regions have been directed to use the monies to continue to focus on supporting the national change agenda around CAMHS inpatient and community service provision for adolescents (12-18s). New funding starts September 2012, at present CAMHS Lead Clinician is reviewing structures to ensure the remit ties into national objectives and a revised workplan will follow in due course.

- Clinical Reference Group meets quarterly
- Regional Learning Network established to support development of CAMHS competency framework. Most recent conference 8th March 2012 – theme – Psychosis.
- Project workplan in progress – workforce actions include development of training strategy to support community teams to deliver intensive treatments. As described above some actions within the workplan will continue into new workplan.
- Project Officer in post to support the above – WoS CAMHS workforce baseline survey carried out September 2011. Further work carried out in June 2012 to describe the current CAMHS workforce (including all disciplines involved in teams) by WTE using ISD data per quarter from March 2011. This also provides a target WTE for each Board set using the Scottish Government’s target for the number of clinicians per 100,000 head of population.
4. **Regional Child Health Group and Regional Paediatric Clinical Network**

The current focus is on developing a future workplan taking into account of the North of Scotland Paediatric Sustainability Review 2011. It is anticipated that a significant element of this plan will be related to workforce issues.

5. **Regional Neonatal MCN**

A workforce model has been developed to reflect each board’s current workforce against the indicators contained within Neonatal Care in Scotland: A Quality Framework. This work has been undertaken on behalf of the West of Scotland Neonatal Managed Clinical Network and has been included in a report to the Regional Planning Group.

The information on current neonatal workforces received from the WOS Boards has been used to populate the workforce model.

The content of the report, which outlined the workforce and financial implications of maintaining Level 3 Neonatal Services across the West of Scotland, had been positively received by members of the Regional Planning Group who had requested that further work be undertaken to refine presentation of the workforce and financial implications for individual Boards.

This revision work has been completed and a revised format has been presented to the regional planning group and individual boards.

The work undertaken to date should be viewed only as an initial assessment of potential workforce implications. Further analysis will be undertaken following the formation of a Regional Neonatal Workforce Planning Group currently being discussed as part of the neonatology clinical network agenda.

6. **National AHP Strategic Group**

No specific workforce planning activity currently underway.

7. **National Nursing and Midwifery Steering Group**

Progress continues with the implementation and testing of nationally agreed Workforce Planning tools. The community pilot is now complete and analysis of the outcomes is now underway.

- **Emergency Medicine Tool**

Progress has been slower than expected. Analysis will commence on completion of the pilot, likely to be in the second part of 2012.

- **Mental Health/Learning Difficulties**

The draft tool has been revised and is now easier to use. Testing is now underway.
- **Adult Inpatient Tool**

Pilot run of the above tool has identified some data quality issues. The analysis is being rerun to be presented to the Nurse Director on completion.
## Appendix 1: List of Regional Specialist Planning Groups and Workstreams

<table>
<thead>
<tr>
<th>WORKSTREAMS</th>
<th>Groups and Workstream Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>West of Scotland Specialist Services Group incorporating West of Scotland Directors of Planning</td>
<td>Allan Gunning supported by Heather Knox</td>
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<tr>
<td>Efficiency &amp; Productivity Sub Groups</td>
<td>John Burns</td>
</tr>
<tr>
<td>Acute Prescribing</td>
<td>Julie Carter</td>
</tr>
<tr>
<td>Recruitment</td>
<td>John White</td>
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<tr>
<td>Audit (Internal)</td>
<td>Craig Marriott</td>
</tr>
<tr>
<td>Procurement</td>
<td>Allan Gunning</td>
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<tr>
<td>Public Health</td>
<td>Fiona Mackenzie</td>
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<tr>
<td>Payroll</td>
<td>Ian Reid</td>
</tr>
<tr>
<td>Remote Working</td>
<td>Heather Knox</td>
</tr>
<tr>
<td>Improving Processes to Support Regional Planning (National Review of Regional Planning)</td>
<td>Heather Knox</td>
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### GROUPS

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<th>GROUPS</th>
<th>Details</th>
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<tr>
<td>West of Scotland Regional Planning Cancer Advisory Group (RCAG)</td>
<td>Robert Calderwood</td>
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<tr>
<td>West of Scotland Regional Planning Group for Cardiac Intervention</td>
<td>Ian Ross</td>
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<tr>
<td>Regional Neurosciences Group</td>
<td>Jonathan Best</td>
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<tr>
<td>West of Scotland Regional Planning Group for Child Health</td>
<td>Sharon Adamson</td>
</tr>
<tr>
<td>West of Scotland CAMHS Network</td>
<td>Anne McFadyen</td>
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<tr>
<td>West of Scotland Plastic Surgery Consortium</td>
<td>Allan Gunning</td>
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<td>Regional Oral Maxillofacial Surgery Planning Group</td>
<td>Jonathan Best</td>
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<tr>
<td>Regional Renal Dialysis Planning Group</td>
<td>Jonathan Best</td>
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<tr>
<td>West of Scotland Forensic Quality &amp; Governance Group</td>
<td>Martin Montgomery</td>
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<tr>
<td>West of Scotland Neonatal MCN</td>
<td>Charles Skeoch/Fiona Collins</td>
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<tr>
<td>West of Scotland Regional Joint Planning Group for Ambulance Services</td>
<td>Heather Knox</td>
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<tr>
<td>West of Scotland e-Health Group</td>
<td>Denise Brown</td>
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<td>Regional Rehab &amp; Technology including WESTMARC Group</td>
<td>Pamela Ralphs</td>
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<td>West of Scotland Sexual Health MCN</td>
<td>Iain Wallace/George Laird</td>
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<td>West of Scotland Dental Regional Planning Consortium</td>
<td>Karen Murray</td>
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<td>West of Scotland Regional Planning Workforce Steering Group</td>
<td>John Burns</td>
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<tr>
<td>Regional Medical Workforce Group Workforce Input to Regional Service Planning Groups</td>
<td>Alison Graham Lyndsay Lauder</td>
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