

FORTH VALLEY HEALTHCARE STRATEGY

Introduction and background

Since its inception the NHS has been required to change to deliver safe and effective health care. The pace of change is ever increasing and, for this reason, it is vital that health systems look at the future and set down how they might plan to meet the challenges of this. This paper sets out how the NHS in Forth Valley sees health care being developed in the future.

Changing nature of healthcare services

The health service of the future is going to look and feel very different from the present. Staff availability, duplication of some services and maintenance of old buildings mean that the service, as it is provided now cannot be sustained in the long term. The NHS in Forth Valley needs to make lasting changes to services in order to ensure the highest standards of care for the population of Forth Valley in the foreseeable future, and to respond to these pressures.

The need for change in Forth Valley

The population of Forth Valley has been well served by its two Infirmaries and dedicated staff for many years. The two hospitals provide broadly similar services and it is becoming increasingly difficult, and in some services impossible, to sustain this level of duplication of services. This situation affects Forth Valley's ability to maintain and improve standards of care, to recruit and retain high quality staff, to achieve compliant rotas for medical and other health professionals and to sustain the level of investment required in ageing buildings and to duplicate major equipment and facilities on two sites.

The key factors driving the need for change in Forth Valley are:

- The national policy framework set out in 'Our National Health', 'Towards a Healthier Scotland' and 'Partnership for Care'.
- The need to create sustainable clinical services.
- The modernisation of services, focussing on quality and clinical effectiveness.
- Pressures on the clinical workforce.

- The inadequacy and unsuitability of much of the existing facilities.
- The most efficient and effective utilisation of resources to support service modernisation and development.

These issues significantly impinge on the ability of clinical staff to provide high quality, modern services to the population of Forth Valley and new and innovative ways of providing hospital and community services are now needed to enable services to develop and meet the needs of the local population.

In summary change is needed because:

The change in population - the population in Forth Valley is getting older and as a result there is more demand on services. In his report of 2000-2001, Malcolm McWhirter, Director of Public Health in Forth Valley reported that nearly 15% of the population of Forth Valley is over the age of 65. This figure is set to increase steadily and by 2008 45,403 Forth Valley residents will be over the age of 64.

The developments in medicine – medical advances have led to new technology and new treatments changing the way care is delivered. Changes to the way the service works include an increase in day surgery, shorter stays in hospital linked to laparoscopic (keyhole) surgery and extending the working day of some services such as x-ray and for other diagnostic tests. Medical developments and technology will also affect where treatment is delivered. In some cases high-cost, high-tech, hospital-based equipment will be needed and in other cases care can be delivered nearer the patient's home in health centres and community hospitals.

The changing workforce – across Scotland the changes in the way healthcare is delivered and the increased demand for healthcare together with the reduction in the hours medical and other health professional staff are allowed to work has led to a shortage of skilled health professionals and a need to reconfigure services to use most effectively the staff the health service has. This is a national issue and recruitment campaigns alone will not be enough. Forth Valley has to follow the recommendations of reports such as Wanless and Temple so that specialist-delivered services can be developed and the best use of existing NHS staff in Forth Valley can be made.

Patient expectations – patients are better informed than ever before and are partners in their care. Quite rightly they expect improved access to services and reasonable waiting times. They expect the service to be joined up with all the care-giving agencies working together to provide a seamless service.

Improving quality – quality is one of the most important factors in providing healthcare. An environment in which clinical care can excel must be created. In order to improve the quality of the services we provide to the public, the service needs to be better integrated across the NHS and with other care giving agencies (such as local authorities) in Forth Valley. National standards for care must be met in Forth Valley for example; the Clinical Standards Board for Scotland guideline that a minimum of 50% of eligible patients must be given clotbusting

drugs within 30 minutes of arrival at hospital and the SIGN (Scottish Intercollegiate Guidelines Network) guidelines on children's anaesthetics Both of these are difficult to achieve with the services arranged as they are now.

Efficiency - In order to reduce waiting times, resources must be used in the most efficient, flexible way. By 2005 all NHS hospitals will be expected to treat non-urgent in-patients within six months. This will require the NHS to treat more patients to achieve this, which will be very difficult under current arrangements.

New Regulations – new rules and regulations (for example the Working Time Directive) which govern working practices of health professionals must be met and this will be impossible to achieve under the current arrangement of services.

National and regional perspectives

Scotland is a relatively small place with a population of approximately five million people. Therefore, a national perspective is required when planning fundamental changes to large chunks of healthcare services. The White Paper, 'Partnership for Care', emphasised the importance of Boards formally participating in Regional Planning Groups and cross Board Managed Clinical Networks.

NHS Boards currently plan for and arrange delivery of health care services which need to be provided for more than one NHS Board area. Regional Planning is already undertaken in NHS Scotland by NHS Boards coming together in Regional Planning Groupings. These Regional Planning Groups cover North, South-East and West of Scotland. Under the present arrangements NHS Forth Valley participates in both the South-East and West groups. These groupings have been effective in planning and developing services across NHS Board boundaries and should continue to be the main vehicle for developing and strengthening regional planning.

One of the key tasks identified for Regional Planning Groups is to consider the sustainability of services and where specialist services cannot be delivered by individual Boards, to plan for the continuing expertise to be provided at a regional level.

This will help ensure that services are provided at the most appropriate level, and will take account of the increasing specialisation in some acute services, and other developments in health care.

Health services must be planned and delivered at a population level that allows local differences in health need to be addressed appropriately, while ensuring that the whole range of service provision from primary to tertiary care is effectively developed in an integrated way.

Regional Planning Groups are responsible to their constituent NHS Boards for:

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

Forth Valley already has close regional links for key services for example cancer, and has acknowledged readiness to work across boundaries in the future to help provide high quality care for our population.

The vision of the future

In the light of all this, the future health service in Forth Valley must provide acute healthcare services from one site, while redeveloping community-based healthcare to ensure that as much care as possible is delivered closer to home.

This system must also continue to strive to improve the health of the population. In particular, it must reduce inequalities and meet the needs of an increasingly elderly population.

For this to happen, a much more seamless service must be created through greater integration of primary and secondary care, supported by a modern information and communication system. This will allow the skills and competencies of staff in both primary and secondary care, to be used to best effect and to ensure the continuing provision of services that achieve quality, safety, sustainability and accessibility.

There are, in short, four main areas that the strategy needs to address to make this vision a reality namely:

- Reconfiguration of Inpatient and Ambulatory Care Services
- Development of Intermediate Care and Rehabilitation Services
- Development of Primary Care and Community Services
- Development of Mental Health Services.

Delivering the strategy

The shape of acute in-patients services in Forth Valley has been the subject of discussion for many years.

During 2002 the NHS Board worked hard to promote the concept of an integrated healthcare strategy moving away from the previous review of acute services. The initial work, which was done with public input, identified broad support for a single-site balanced by an enhanced focus on community and locally accessed services.

In January 2003, following a three-month public consultation, which resulted in more than 5,600 members of the public contributing to the development of this strategy, the Board agreed a model which provided acute services on one site with enhanced community services across Forth Valley. This is in line with the strategic direction of the NHS in Scotland and would allow NHS Forth Valley to respond to the pressures outlined in the introduction.

Conclusion

The Board has confirmed its strategic direction and has developed a strategy which will allow this to be met over a period of years. Where major capital investment is required, business cases will be prepared to support the implementation of the strategy. The first of these relating to the Clackmannanshire Community Hospital was submitted to the Scottish Executive in May 2003 and the second outline business case, relating to the provision of a new acute hospital for Forth Valley and the development of certain services on the Stirling site, will be considered by the Board in July 2003. It is also the intention to produce a third Business Case relating to the development of community and primary care services.