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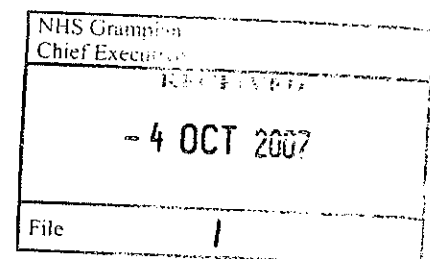
*Dear Jim*

#### **NHS GRAMPIAN ANNUAL REVIEW: 3 SEPTEMBER 2007**

1. I am writing to record the main points and actions arising from Annual Review and associated meetings in Aberdeen on 3 September.
2. I am very grateful to you, Richard Carey and the rest of the NHS Grampian team for making the arrangements for the day and for your contributions to making it so productive and informative. I know how much work goes into the preparation for the Review and I greatly appreciate it.

#### **Meeting with Area Clinical Forum**

3. The Forum is working closely with the Board on planning and decision-making. Members told me that they would like to take this a stage further and contribute more at a Scotland-wide level. Clinical forums in other Board areas have said the same thing to me and I agree that we need to look at ways of using their expertise more widely, particularly in terms of sharing experience and good practice. We will consider this further in the Health Directorate. On Grampian-specific matters, we covered the likely impact of national changes to neuroscience and children's cancer services, the new and innovative eye care project and the Forum's contribution to workforce planning. All of this gave me the impression of a Forum that is keen to stay closely involved with the Board in taking forward key developments and I would be grateful if you would pass on my thanks to all who made the time to meet me.



## **Meeting with Area Partnership Forum**

4. Please also make sure to convey my thanks to the Forum members who attended this meeting. I got a real sense of the willingness to work together to tackle a wide range of tasks. Among those we discussed were ensuring dignity at work, managing sickness absence and the role of the support officer in arbitration and conflict resolution. We also talked about progress with Agenda for Change, where the rate of assimilation in Grampian is 95%. We agreed that it will now be important to increase the pace in implementing the Knowledge and Skills Framework. This is of course a key part of the process which will help to ensure that people have access to the right training to develop the skills and competencies appropriate to their jobs. The Partnership Forum needs to continue to play a central part in all of this and I look to the Board to facilitate that.

## **Meeting with Patients and Patients' Representatives**

5. These meetings have been a very important part of this year's Annual Reviews for Nicola Sturgeon and me. We need to hear at first hand what people who use services value in them and what they think we could do better. My meeting with Grampian patients was very useful in this respect. I heard about the good work that NHS Grampian is doing to involve people with disabilities in service planning. But members of the group also told me that arrangements for discharging people from hospital are sometimes not all that they might be – and I agreed that this is something we need to look at further. We also spoke about the importance of cleanliness and infection control in hospitals and the scope for providing more support to carers. I am very grateful to all those who gave up their time to come and speak to me.

## **Visit to Marywell Healthcare Centre**

6. In catering for the healthcare needs of homeless people and in aiming to make sure they have access to mainstream health services, the Centre makes an extremely important contribution to reducing inequalities. Its success in tackling this key task owes much to its staff. Their enthusiasm and dedication were evident during my visit. I would be grateful if you would make sure they know how much I enjoyed the visit and if you would pass on my thanks both for making the arrangements and for the important work they are doing.

## **Annual Review Meeting**

7. I reported back on my earlier meetings and visits. You then outlined for us some of NHS Grampian's main recent achievements and future tasks, many of them emerging from the Board's "Healthfit" strategy and work programme.

8. You highlighted some key principles that underpin the strategy – among them are constant improvement, sustainability of services, improving patients' experience and delivering change safely. You told us about the Board's drive for efficiency in the face of high levels of activity in acute and primary care and looked forward to learning the outcome of the review of the Arbuthnott funding formula.

9. You also emphasised the role of the 3 Grampian Community Healthcare Partnerships in developing local services in the City of Aberdeen, Aberdeenshire and Moray and the value the Board places on close co-operation with the local authorities in these areas. A significant local event – the first baby born in the new birth unit in Fraserburgh – had taken place earlier that day. I hope that mum and baby are doing well and look forward to learning the outcome of the work to provide similar units in Aboyne and Banff.

10. We discussed the action points from the 2006 Annual Review. The Board has done well in addressing these. We covered some of the topics in more detail later in the meeting, but worth mentioning here is the progress the Board has made in increasing the rate of day case surgery and in resolving some of the problems in recording this activity accurately. You still see scope for increasing the pace of change in all of this and I think we need to keep an eye on further progress over the next year. Meanwhile, I am grateful for the attention you have been giving to this as it is important not only for efficiency but also in improving patients' experience.

## Health

11. You told us how the Board is using its "Traffic Lights Tool" to gather data on health inequalities and prioritise resource allocation. There are clear links between the Tool and the information emerging from the "Keep Well" initiative, which you confirmed is embedded in the Grampian approach to tackling inequalities. An important part of all of this is of course to target action at areas of identified need. You said that the Traffic Lights Tool is enabling the Board to do so more accurately, particularly in rural areas where inequalities have previously been more difficult to identify.

12. Examples of where the Board is directing resources more precisely include oral health (through the toothbrushing initiative) and smoking cessation. We discussed the latter in more detail as figures across Scotland suggest that, while initiatives have had some success in the more affluent parts of the country, smoking rates in deprived areas in the over 16 age group have been increasing since 1999. Smoking during pregnancy also continues to be a concern. We therefore need to consider whether we are doing enough to target effort and resources towards reducing smoking in these areas. You told us that the Board has worked closely with the University of Aberdeen to strengthen the data that will help to do this more effectively in the Grampian area. I would encourage you to keep up the momentum here.

13. A recent multi-agency report on substance misuse services in Grampian made recommendations for improving services in a number of areas, including reducing waits for treatment. You told us that the Board welcomes the report as providing a focus for a comprehensive review of services with partners and for identifying the actions needed to secure improvements. You assured us that the Board would take steps to address all the report's recommendations. It would be helpful if you would keep the Health Directorate informed of progress. I would like to review next year where things stand on this.

## Efficiency

14. The Board met all of its 3 main financial targets and exceeded its Efficient Government savings target in 2006-07 – so well done on that. We spoke about future pressures on finance and in particular the need to reduce reliance on non-recurring funds to achieve financial balance. You confirmed that the Board's 5-year financial plan takes account of this. We also discussed the Board's capital expenditure programme, which involves significant planned investment over the next 10 years to take forward the various components of the Healthfit programme. You are confident that strong project management arrangements are in place to oversee the developments. In the current financial year the programme will include investment in equipment replacement, cardiac catheter laboratories, health centres and infrastructure to support increased access to NHS dentistry.

## Access

15. There have been a number of breaches of the inpatient/day case and outpatient waiting times targets in Grampian in recent months. This is very disappointing and it was good to have your assurance that there would be no further breaches in the period up to the end of September or thereafter. The Board has done well in achieving key waiting times targets in 2005 and 2006 and I should also mention here the excellent progress in complying with the 62-day target wait for cancer treatment. But it is important that you stay on track to meet the targets we have set for the end of 2007. I know that this will not be easy, but I was encouraged to hear about the steps you are taking to increase capacity in problem areas such as oral surgery, orthopaedics and plastic surgery. It is also important that the Board makes full use of the opportunities for reducing waiting that the Regional Treatment Centre at Stracathro offers. I look to the Board to fulfil its contractual obligations in this respect and hope that the additional funding we have allocated to help address patient transport issues will help with this.

16. You will be aware that, since the meeting, the Cabinet Secretary for Health and Wellbeing has made a further statement about our intention to eliminate hidden waiting lists by the beginning of next year. It is therefore important that Board keeps up the drive to phase out Availability Status Codes (ASCs) within that timescale. You confirmed that "New Ways" is now in place in Grampian and that you expect to meet the December 2007 target. The majority of remaining patients with an ASC have one either because of social reasons or medical unsuitability for treatment.

17. Difficulties in obtaining access to NHS dental services have been well publicised in Grampian. We had already discussed the plans for capital investment in infrastructure. You also told us about recent investment in new and existing practices. You welcomed our decision to provide the new Dental School in Aberdeen and assured us that the Board will be working closely with Aberdeen and Dundee Universities to secure the longer-term benefits we all expect it to deliver. In the meantime, the Dental Institute and new initiatives such as the Outreach Training Centre are also helping to build for the future by training staff in both the primary and secondary dental sectors. You also mentioned the role that the Board's new Consultant in Dental Public Health will have in engaging with the local dental community, including independent contractors, with a view to increasing capacity and improving access. I would be interested to hear more about progress with this in due course.

## Treatment

18. The Board and its partners have done very well to meet their targets for reducing delayed discharges. Reductions over the last year have been significant and you put much of this down to the Board's excellent working relationship with the 3 local authorities. You also welcomed the support the Health Directorate's Joint Improvement Team has provided, and I hope you will continue to facilitate its involvement. The Grampian partnership's efforts have focussed on changing the balance of care and developing effective anticipatory care. Specific initiatives include work on falls, on "hospital at home" arrangements and on expanding telehealth. Challenges you still face include a shortage of care home places in Aberdeen and the need to explore alternatives. But the Partnership is well placed to tackle this.

19. The Board clearly has a strong commitment to providing effective Mental Health services. We talked about progress towards the key targets. You are investing time and resources in staff training on measures to reduce suicides. You have also initiated considerable activity and investment in alternatives to prescribing anti-depressant drugs. The "Doing Well by Depression" initiative is the focus for this and you are also using the GMS and pharmacy contracts to influence attitudes and encourage new approaches. The Board strongly emphasises the importance of anticipatory care throughout its Mental health Services and this, together with the development of effective crisis intervention services, is helping to reduce hospital admissions.

20. We touched briefly on the importance of reducing healthcare associated infections and of maintaining effective infection control measures. The Board is clearly on top of this and is emphasising the crucial role of hand hygiene in avoiding infection. It will of course be important to keep up the momentum here if we are to build and retain patients' confidence.

## Service Change and Redesign

21. You told us that the Healthfit model and the principles that underpin it continue to provide the framework within which the Board will take forward its plans. Shifting the balance of care is one of these principles and the Board is already putting this into practice – for example through the development of local diagnostic and treatment services, services for older people and maternity services in Aberdeenshire.

22. Regional services and the co-operative working that delivering them involves are also becoming increasingly important. You cited the north of Scotland cardiac services managed clinical network as a good example of service developments in this respect. This led us to discussion the nurse-led heart failure service in Grampian. You explained that the Managed Clinical Network had decided that the service was not reaching all patients – particularly those in the more rural parts of Grampian. The preferred model for Grampian is therefore a service embedded in primary care. The Board has already invested a substantial sum to enable GP practices to identify their client groups and is continuing to explore the options for the final service model. This is important and I look to the Board to identify the model that best meets the needs of all of the people of Grampian.

23. I am impressed with what the Board is doing to shift the balance of care and I wish you every success in taking forward the changes involved. You are also planning an ambitious programme of work to improve and modernise hospital services in Aberdeen and in community hospitals, including the major upgrading of the Chalmers Hospital in Banff. All this will need careful management in terms of timetabling and finance. It will also be very important to continue to involve local communities in the change process. NHS Grampian has a good record here and the Scottish Health Council's report on Patient Focus and Public Involvement activity in 2006-07 reflects this. You also told us that the Board has prepared a timetabled action plan to address matters that the Commission for Racial Equalities raised in its letter earlier this year.

### **Local Issues**

24. I know you had planned to cover several topics here and I am sorry that the time available allowed us to focus on only one of these. It was nonetheless an important one – the Board's work to model the older people's pathway and tackle the pressures that an increasingly elderly population will put on health services.

25. You emphasised that older people's health care needs are often complex and care pathways can often cut across a number of separate agencies and professional disciplines. Close co-operation with the Board's partners in the local authority and voluntary sectors – as well as with the patients themselves – is therefore essential in developing services and pathways that are fit for purpose. A key goal is to ensure that people can have their care needs met at home or in their local communities rather than in hospital wherever that is possible. This is of course easy to say, but much more difficult to implement and the work you are doing will take account of detailed research. It is an exciting project and I wish you success in taking it forward. I hope it will identify good practice that the Board can share with the rest of the NHS in Scotland.

### **Question and Answer Session**

26. The Cabinet Secretary and I introduced this session this year with to make public involvement in the Reviews more meaningful and active. My thanks go to the Scottish Health Council, including its local branch in Grampian, for collating and prioritising the questions that people submitted. There were 4 in total, all of which we managed to answer on the day. Later this year we will be reviewing how the sessions went at all of the Annual Reviews with a view to considering what improvements, if any, we might need to make for the future. The Board's perspective on that will of course be very helpful.

## Conclusion

27. I hope you found the meeting as useful as I did. I am sorry that I could not stay longer afterwards to meet and thank some of the other members of your team for all the work they put in. As you know, I had to catch a plane to Orkney for the next Review the following day.

28. NHS Grampian is doing very well on a number of fronts – for example in its efforts to identify and address health inequalities and on shifting the balance of care, often in new and innovative ways. There are of course major challenges ahead and I am sure you will understand why I again wish to emphasise the importance of keeping up the pressure to reduce waiting times and meet waiting times targets, including that for phasing out Availability Status Codes. This is all the more important in the light of our intention to introduce a “whole journey” maximum wait of 18 weeks by 2011. I know that you and your team are treating all of this very seriously and I look to you to work closely with the Health Directorate to ensure results between now and the end of the year.

29. I want to finish by thanking you personally for the invaluable contribution you have made to NHS Grampian and the wider NHS in Scotland over the years, particularly during your spell as Board Chair. I know you will be greatly missed when you step down from that role later this year. I know too that you will be leaving behind you an able and committed team who will continue to strive to ensure that the people of Grampian get the high quality health services they have a right to expect. Thank you again for all you have done.

30. I am summarising the action points that arose during the meeting in the attached Annex.

Yours sincerely  
Shona Robison

SHONA ROBISON

## NHS GRAMPIAN ANNUAL REVIEW 2007

## ACTION POINTS

- Work with Health Directorate to explore scope for involving Area Clinical Forum at a Scotland-wide level.
- Continue to increase rate of day case surgery as a percentage of all surgery.
- Use information about inequalities to target resources more precisely at areas of specific need – especially on smoking, including smoking during pregnancy.
- Address all recommendations in multi-agency report on substance misuse services in Grampian.
- Incur no further breaches of inpatient/day case and outpatient waiting times targets and guarantees.
- Meet all waiting times targets set for end of 2007, including target for phasing out Availability Status Codes.
- Fulfil all obligations on usage of Regional Treatment Centre at Stracathro.
- Update Health Directorate on Consultant in Dental Public Health's engagement with independent dental contractors about increasing access to NHS Dental services in Grampian.
- Introduce nurse-led Heart Failure Service that fully meets the needs of all Grampian patients.