



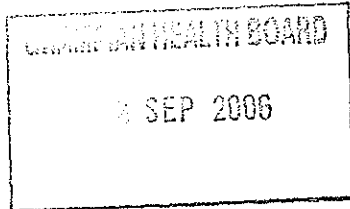
## SCOTTISH EXECUTIVE

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7 September 2006

Dear Jim

### **NHS GRAMPIAN ANNUAL REVIEW: 7 AUGUST 2006**

1. I am writing to summarise the main points arising from our discussions at the Annual Review and associated meetings in Aberdeen on 7 August.
2. I would like to thank you, Richard Carey and the rest of your team for organising the programme for the day. I know how much hard work went into this and Lewis Macdonald and I together with the Health Department Team appreciated the opportunity this gave us to speak not only to senior managers, but to a wide range of NHS Grampian staff and patients.

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

3. The meeting focused on accessibility, capability, capacity and demand. We looked at these factors in relation to several specialties including optometry, dentistry, pharmacy and neurosurgery (on which the Forum welcomed the greater clarity that Lewis Macdonald's recent letter had provided about the national strategy). We also covered extended roles for nurses, pharmacists and allied health professionals, job opportunities for graduating physiotherapists and the impact of the Arbutnott formula on NHS Grampian's resources - all matters on which I undertook to consider the Forum's views further. The discussion gave me an impression of a highly professional body of clinicians that works closely and effectively with the NHS Board on service planning and delivery.

#### **Meeting with Grampian Partnership Forum**

4. The Partnership Forum clearly places a high value on engagement between staff and management. Our meeting highlighted a number of challenges, but I was impressed by the Forum's constructive approach to tackling these. We spoke about the staff survey and its role in developing effective staff/management relationships. We agreed that assimilation of *Agenda for Change* is

important, but that so too is taking the time to get it right. We considered the additional pressures on staff arising from delivery of the Knowledge and Skills Framework and the impact of employer-led regulation on lower-paid staff. I will consider the Forum's thoughts on all of this further, but I am confident that the strong partnership culture which was evident in our discussion and the direct and personal approach to communications will be real assets in addressing the issues locally.

### **Meeting with Patient Representatives**

5. These meetings have been a central part of this year's Annual Reviews. It has been very helpful to me to hear directly from patients about their experience of the NHS and my meeting with Grampian patients was no different in this respect. I heard about services for older people, cancer, coronary heart disease, diabetes and renal services. We covered the work at Dr Gray's Hospital to reduce non-attendance for appointments, waiting times for orthopaedic services and the role of NHS 24. We spoke about the management of long-term conditions and the importance of empowering people to play a central role in their own care arrangements. I am very grateful to all of those who gave up the time to meet me and give me such a valuable insight.

### **Visit to Links Unit**

6. I was highly impressed by the organisation of services at the Links Unit and the commitment of all the staff who provide them. The Unit strikes me as providing an innovative model that might well be copied elsewhere. Its appropriate use of skills and beds creates a continuous intermediate care pathway through convalescence and rehabilitation in a more suitable environment than an acute hospital. Please pass on my thanks to all those involved in organising my visit.

### **Annual Review Meeting - Introduction**

7. You outlined achievements over the last year and the challenges that lie ahead. The Board wishes to contribute to the wider Scottish agenda, and in this respect you highlighted the joint venture with the University of Aberdeen to establish the Matthew Hay clinical skills centre at Foresterhill. You emphasised the need to embrace change and illustrated a number of ways in which NHS Grampian is doing this in relation to national targets. Your examples covered the Board and its partners' work on smoking cessation; its success in enlisting local organisations into the Scotland's Health at Work (SHAW) programme; its efficient operational arrangements under a single-system structure; and the progress it has made in improving access to services and shifting the balance of care to more local settings.

8. You also reviewed the actions we had agreed at the 2005 Annual Review, mentioning specifically progress in tackling Healthcare Associated Infection (where the Board is compliant with 11 out of the 15 NHS QIS standards), shorter waiting times for speech and language therapy services and reductions in delayed discharges. Looking forward, you told us that NHS Grampian's "HealthFit" plan is the framework within which the Board will balance the changes we are aiming for under *Delivering for Health* with specific local needs and wishes.

### **Health Improvement and Tackling Inequalities**

9. Forty-five per cent of Grampian's working population is now covered by the SHAW programme. That is a major achievement. You told us that the Board has shifted the emphasis from the larger employers to small to medium sized organisations and is adapting its approach accordingly.

10. Grampian's population as a whole fares better than some other parts of Scotland in terms of deprivation levels. But the Board is keen not to lose sight of the need to address health inequalities. You outlined the role of the "Traffic Lights Tool" in this process. Based on Community Health Profile data, it enables the Board to identify where and by how much health status varies from the Scottish average and to target resources accordingly – for example on smoking cessation initiatives. The Board has set itself a challenging target in this respect and is reinforcing its efforts through area-specific initiatives as well as a more general expansion of pharmacists' and CHPs' roles.

11. We also discussed how the Board is building health improvement capacity in its staff through its Learning and Development programme; how it is using the General Medical Services contract to ensure compliance with the SIGN 74 guideline on tackling alcohol issues through primary care and its planning for the possibility of pandemic influenza. On the last of these you assured me that the Board is rolling out awareness to all frontline staff, including those in primary care. Overall, I got the sense that health improvement is a key component in all that the Board is seeking to achieve – I am pleased about that as I see it as our most important task.

### **Shifting the Balance of Care to the Community**

12. You described the CHPs' developing role as a catalyst for moving services closer to local communities – a process in which the Board sees the breaking down of traditional barriers between different care sectors as crucial. The Board has set itself specific targets for moving activity from specialist hospitals to CHP-managed alternative settings (25% of inpatient activity by 2008 and 40% of outpatient activity by 2010). These will provide a focus for reorganising and redesigning services through the Board's change and innovation programme. The shifts will involve both planned care – an example being the proposals for moving a range of diagnostic and treatment procedures to community settings in Aberdeenshire; and unscheduled care, where telemedicine links between Aberdeen Royal Infirmary's A&E Department and a number of community hospitals are already enabling more treatment to take place in the latter.

13. We discussed the Board's progress on improving access to NHS dental services through investment and new initiatives. We agreed that engagement with independent dental contractors should be central to this process. You confirmed that this is taking place, with the CHPs playing a leading role. You also see it as important that the Board provides support and information to independent contractors if they are to be encouraged to join the NHS fold. Decontamination is one area in which the Board is providing such support and you also outlined work on the wider front in this respect – for example development of local decontamination units in primary care and investment to ensure compliance with the Glennie report in the acute hospital sector.

14. You said that meeting the targets for reducing delayed discharges is a significant challenge. The Board's joint work with its partners is focussing on increasing rehabilitation in the community, nursing home capacity and supported housing in Aberdeen and Buchan. Initiatives already in place include new falls co-ordinator and elderly care nurse posts and medicine management training for carers. More community-based diagnostic services will be a central factor in preventing hospital admission through anticipatory care and management of long-term conditions. I would encourage you to keep up the momentum and to monitor the effectiveness of the various actions.

15. You told us how the Board is addressing the few issues still outstanding in implementing the new Mental Health Act. These include expansion of 24-hour crisis services to cover the whole of Grampian. You emphasised the importance of a regional approach to delivering various aspects of mental health services. Among these are the planned medium secure unit for the north of Scotland,

on which the Board is contributing to the development of a full business case; and on reviewing inpatient capacity for child and adolescent mental health services in the north and Tayside region.

16. We discussed out of hours services and how NHS Grampian's G-Med service is linking with NHS 24 and the Scottish Ambulance Service. You told us that these organisations are working closely together, for example through secondments and other interchange of management and clinical input. A co-ordinated approach is clearly crucial if the service is to be wholly effective, particularly in the light of the recent Fatal Accident Inquiries involving NHS 24 services. You assured us that the Board is looking very closely at the Sheriff's determinations to establish what lessons can be learned and what action might be needed.

### **Service Redesign**

17. The Board is well-focussed on *Delivering for Health*. You had told us earlier in the meeting about some of the work in progress on separating planned and unscheduled care. You also emphasised the value of integrating different levels of service to provide seamless care. An example of this in practice is at Dr Gray's Hospital in Elgin where emergency care, GP out of hours services, ambulance and other services are co-located – a model you hope to replicate in Aberdeen. This approach has to be combined with service redesign and the Board is tackling this on several fronts, including work with the Unscheduled Care Collaborative, developing enhanced roles for nurses and paramedics and exploiting the opportunities that technology offers in areas such as tele-health and hyperbaric medicine. Investment is supporting the change process – for example the Board will shortly be considering a £17 million works programme for the Foresterhill campus. This will include a major upgrade of emergency receiving services which, when combined with service redesign, will significantly improve the patient journey.

18. You agreed that the new Regional Treatment Centre at Stracathro will be important to the Board's drive to reduce orthopaedic waiting times. I know that you will continue to work closely with NHS Tayside and NHS Fife to make the project a success. The Board has done very well in meeting the main national waiting times targets and is on course to meet future targets. I should also recognise here the support that the Board gives to Orkney and Shetland in this respect. You paid tribute to all the staff who had worked hard to achieve this. The challenges are considerable – it will for example be important to keep up the pressure to reduce waiting for cancer services and to phase out Availability Status Codes. You took us through some of the work that is going here – changes at the Symptomatic Breast Clinic provide a good example of how service redesign can have an impact on waiting. I was also interested to hear about initiatives to reduce waiting for diagnostic services.

### **Resources: Finance and Workforce**

19. You highlighted the contributions of both clinical and non-clinical staff in delivering an efficient service in the face of pressures such as those arising from increased energy costs. NHS Grampian incurs relatively low unit costs in providing hospital services. But we agreed that a key task remains to increase the amount of day case treatment. This is important not only in efficiency terms, but in delivering the kind of services that people want. You explained that recording methods understate true figures for day cases, but accepted that the Board needs to do more to bring numbers closer to the Scottish average. Pre-admission planning is central to the work you are doing here and I was encouraged by your commitment to improving the situation.

20. The Board met its main financial targets in 2005-06 and is on course to continue to do so throughout the period of its 5-year forward financial plan. You confirmed your commitment to delivering savings in line with Efficient Government targets. All of this is not of course without risk

and I was pleased at your assurance that risk assessment has featured strongly in development of the forward plan. The plan recognises the need to reduce reliance on non-recurring funding to sustain financial balance. I see that as a key task and look to the Board to deliver its targets in this respect.

21. We had covered most of the main workforce issues at the earlier meeting with the Area Partnership Forum. I should reiterate here that we are pleased with the quality of the Board's Workforce Plan – your efforts here will undoubtedly realise benefits in the future. You also assured us that you would comply with the requirements of Kevin Woods' letter of 30 May about maintaining patient services during the implementation of Modernising Medical Careers. Community Health Index (CHI) numbers are another important element in improving patients' experience of the NHS. You told us that a small sample size had been responsible for a recent fall in utilisation statistics, but that the Board is on track to meet the utilisation targets.

### Conclusion

22. We concluded by briefly covering two aspects of service development that illustrate both the achievements and challenges involved in delivering an effective, modern health services. The first of these - a Managed Clinical Network for epilepsy services - demonstrates what is achievable through working across traditional geographical boundaries (the Network covers Highland, Orkney and Shetland as well as Grampian) and by involving patients closely in the design and operation of the service. The Joint Epilepsy Council has recognised this at UK level through its Best Epilepsy Standards Today award to the Network's lead nurse. The second aspect – work on reconfiguring community services in Aberdeenshire – provides an example of how service redesign proposals increasingly need to be built up from grass roots level through CHPs' engagement with local communities. Since we met, I have received the Board's recommendations for service developments in Aberdeenshire together with full details of responses to its consultation exercise. I also have the Scottish Health Council's report on the consultation. I will of course be considering all of this very carefully before reaching a decision.

23. My thanks once again to all who worked so hard to make our day in Aberdeen so informative and productive. I came away with the impression of an organisation that is clearly sighted on the main issues, including those deriving from *Delivering for Health*. The Board clearly recognises the need to tackle change not only in terms of services, but also in the way we deliver these services. That is central to all we are trying to achieve and what I heard makes me confident that we can work well together to make sure that the people of Grampian and of Scotland as a whole enjoy the services they have right to expect.

24. I have listed the main actions arising from our discussion in the Annex to this letter.

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NHS GRAMPIAN ANNUAL REVIEW 2006

ACTION POINTS

- **Comply with all NHS QIS standards on Infection Control.**
- **Demonstrate shifts of resources to tackle health inequalities on basis of information provided by "Traffic Lights Tool".**
- **Continue engagement with independent dental contractors with a view to increasing access to NHS dentistry.**
- **Meet Delayed Discharge targets.**
- **Ensure full compliance with requirements of the new Mental Health Act**
- **Meet all waiting times targets, including those for cancer services and for phasing out Availability Status Codes.**
- **Implement action plan to increase rates of day surgery as a percentage of all elective surgery and demonstrate progress towards 75% target during 2006.**
- **Meet all financial targets and reduce reliance on non-recurring funding to sustain financial balance.**