grampian **clinical strategy**

2016 to 2021

healthfit
caring · listening · improving

NHS Grampian

NHS Grampian Clinical Strategy 2016 to 2021

"We've been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really it is larger than that. It is to enable well-being. And well-being is about the reasons one wishes to be alive. Those reasons matter not just at the end of life, or when debility comes, but all along the way. Whenever serious sickness or injury strikes and your body or mind breaks down, the vital questions are the same: What is your understanding of the situation and its potential outcomes? What are your fears and what are your hopes? What are the trade-offs you are willing to make and not willing to make? And what is the course of action that best serves this understanding?"

Atul Gawande, Being Mortal: Medicine and What Matters in the End

> This strategy is not about individual services or population groups. It is about how we enable staff to work together with partners, individuals and communities to deliver the changes required to deliver safe and sustainable services which ensure the best possible patient experience and health outcomes.

Preface, purpose and aims

Preface

Our population is growing and ageing. Even the most conservative projections of future healthcare needs in the next 20 years highlight the importance of strategic and systematic change to meet these needs.

The organisational landscape of health and social care in Scotland is changing. A major step in public sector reform began in April 2016, when Health Boards and Local Authorities delegated a significant number of functions and resource to Integration Joint Boards. Working as Health and Social Care Partnerships in Aberdeen City, Aberdeenshire and Moray, these new bodies now have responsibility to plan and deliver services for adults, including primary care, community services, mental health services and six major acute services. Appendix 1 provides more detail on partnerships, acute services and the changing role of NHS Grampian.

NHS Grampian is an organisation in transition and the national public sector landscape will inevitably change further. However, this transition will continue to be guided by the ethos of partnership and collaboration. With this in mind, our Clinical Strategy has been developed with staff and partners to identify shared goals and collaborative ways to improve population health and health equality. Over the past 10 months, staff, partners and the public have said what they feel is important to improve health and healthcare. Topical and complex issues have been explored, such as service sustainability, the adoption of digital technology, over-treatment and end of life care. A summary of the key themes from stakeholder engagement is provided in Appendix 2. The more detailed report on the stakeholder consultation is available at: **www.nhsgrampian.org/clinicalstrategy**

A key feature of the strategy is to enable staff to make the changes individually, within their teams or with partner colleagues. The feedback received during the engagement period has highlighted the importance of staff involvement and the value that working in partnership can bring to the design and creation of a sustainable future. This strategy is consistent with the principles and direction developed as part of the Healthfit approach.

Purpose

This Clinical Strategy is a shared strategic plan, focusing on clinically related activities for the next five years and takes a population focus across the North East and North of Scotland. It clarifies our general approach and objectives to guide detailed implementation plans. It is focused on the added value to all clinical services and concentrates on collective endeavours and mutual interests, not ones which are the principal responsibility of one partner.

The aims of this strategy are to:

- Confirm the direction for clinical services over the next five years and beyond.

- Identify the objectives across the health system to improve patient outcomes.

- Confirm the change that is required to support the health system to work more effectively.

- Outline areas of shared benefit across the system.

Influences affecting healthcare delivery

As elsewhere in the UK, people are living longer and healthier in their older age. The number of people living in Grampian by 2035 could be 87,000 higher than it is today. Our over 85 population is projected to increase more than almost anywhere else in Scotland. These demographic changes will have a big impact on requirements for healthcare. The number of hip replacements, cataracts and other operations, often associated with older age, will undoubtedly increase and we are already beginning to see this happening. At the other end of the spectrum, efforts to bring about positive early life experiences for children will contribute towards improved whole population health and breaking the cycle of inequality. Almost 50,000 people in Grampian live in remote and rural areas, with long distances to travel for healthcare. Many more people are living alone – a number that is expected to grow considerably over the next 20 years.

The number of people with diabetes, dementia and cancer is projected to increase considerably. Many more people will experience multiple long-term conditions. The main causes of premature death are heart disease, cancer and stroke. There are persistent inequalities in health, where people living in poorer areas are more likely to experience poor health and die younger than they should. There are some signs of better health choices amongst young people but generally current lifestyles represent a serious threat to population health with obesity a particular concern in the North East of Scotland.

We estimate that the need for hospital care could rise between 16 - 31% over the next 20 years if we do not make substantial changes to the way we think about health management and the traditional model of care. Without change, workforce demand and supply, the availability of local and regional services and affordability will become significantly greater challenges. For more information on the factors influencing the planning and delivery of future clinical care, see Appendix 3.

NHS Grampian Healthfit 2020 sets out a vision for health and care where:

- Greater support is given to people to improve and better manage their health.

- Care is tailored to each individual and coordinated across all services.

- Specialist care is accessible from a range of settings.

- Technology has transformed our traditional model of care.

- Care is delivered as locally as possible.

> **We all face changes in managing our expectations and our changing role in the provision of good health – this applies to staff across the system, individuals using services and wider society.**

The new National Clinical Strategy for Scotland published in February 2016 guides our planning further by focusing on:

- Ensuring quality, safety, clinical effectiveness and a person-centred approach.

- Integrating health and social care and working in partnership with communities.

- Enhancing clinical roles and greater use of technology.

- Establishing networks of specialist services regionally and nationally.

- Supporting 'Realistic Medicine' where patients are informed partners in choosing appropriate care and treatment.

Engagement with stakeholders in the development of this strategy for clinical services has demonstrated clear understanding and agreement with this vision for health and healthcare. There is however a sense of frustration from stakeholders about the scale and pace of implementation, suggesting that a more radical approach is required. Appendix 2 provides a summary of the stakeholder feedback.

Part of this approach involves winning the hearts and minds of the public, convincing individuals and communities about the benefits in taking individual ownership for health and using health services effectively for individuals and society as a whole.

Our staff are fundamental to delivering the changes we need by identifying the innovations required to improve health, quality and care; or through an improved experience at work, where staff feel involved, engaged and valued to deliver improvements for the people we care for, for themselves and their families.

Our approach

We have structured our Clinical Strategy into four overarching themes which are summarised below. The themes are consistent and reflect the areas of focus within the strategies of the three Health and Social Care Partnerships. They span primary and acute care and relate to physical and mental health for children and adults. Although these themes are described separately, they are highly connected, where progress in one has an influence on the others. The ambitions for these are outlined on pages 11-13.

Prevention

Primary prevention activities can stop people becoming ill and reduce the need to use clinical services. Secondary prevention interventions help to identify disease at the earliest stage to begin prompt treatment and minimise future health problems.

Self-management

Individuals, families and communities play a significant role in managing their own health conditions. A partnership of care contributes to better outcomes and more effective use of health services.

Planned care

Good organisation, communication and collaboration in the delivery of primary care and specialist services help to improve patient outcomes and avoid emergency situations.

Unscheduled care

Multiple emergency care providers connected through technology and information sharing will help to provide seamless care for patients. Effective working should span the spectrum of emergency care from minor injuries to major trauma.

How you can contribute

In order to extend and increase the pace of change towards our Healthfit vision, we need all staff to be thinking about the opportunities within their areas to:

- **Change the way we think about health need:**
  This relates to understanding what outcomes are important to patients when they need care. It also relates to activities which prevent, delay or alter the extent to which health services are required, such as supporting self-management and improving health literacy. Efforts here support the concept of 'Realistic Medicine', with the emphasis on personal wellbeing, appropriate use of health services and delivering true person-centred care.

- **Improve productivity, value and quality:**
  This includes activities which improve the process of caring to add value, maintain high quality and help more patients to be cared for and treated. Sustaining local and specialist services in Grampian and the North of Scotland will depend on us being efficient, productive and effective.

- **Incorporate flexibility in providing care:**
  This relates to efforts which extend our capacity for care and treatment. It includes working within specialist networks across the North of Scotland and the rest of the country to provide better access to treatment services. It also includes developing staff according to new models of care and extending the role of communities and the third sector, particularly in prevention and self-care. With the growing and ageing population, more flexibility will be needed in the way that planned care is delivered even with an increase in productivity.

Shared perspectives

PLANNED CARE

SELF-MANAGEMENT

PREVENTION

UNSCHEDULED CARE
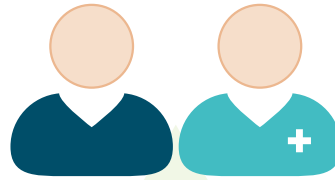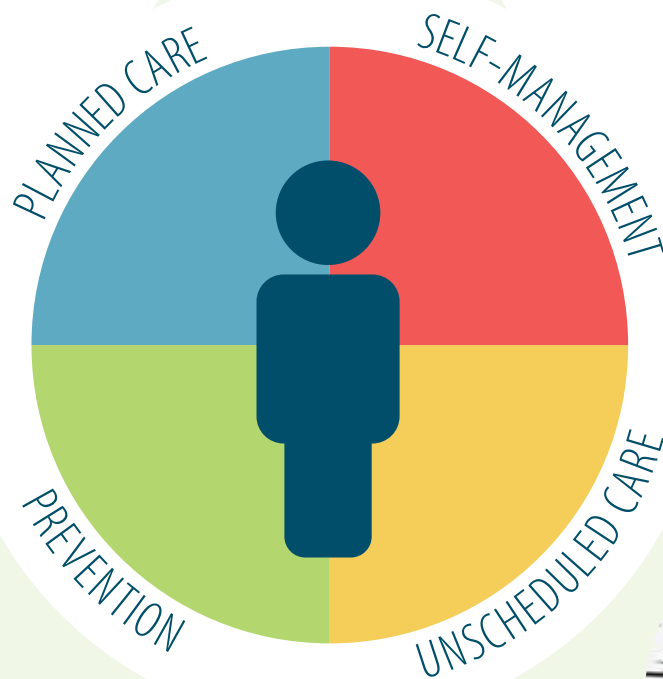
Effective and efficient

Flexible and adaptable

Enabling transformation

In addition to clarifying the vision for healthcare and setting a clear direction for implementation, the creation of the right environment for change is essential. This is evident from the views of staff and partners who want to make improvements but are often not sufficiently enabled to do so. The same can be applied to patients and the public, where staff attitudes, environment and education can make a huge difference to whether a person adopts healthy independent living or not.

In supporting staff to deliver the strategy, we make the following commitments to:

- Support a confident, competent, motivated and healthy workforce, who are able to initiate improvements in services and have a good work-life balance with support and opportunities available to look after their health and wellbeing.

- Support staff to improve and extend their skills, knowledge and opportunities, encouraging a workforce that can adapt to changes in practice as new models of care and practice emerge.

- Provide the means to enable networking, information sharing and collaboration across and beyond the usual boundaries. Provide the tools for people to do their job well, particularly access to information technology (IT) and clinical information.

- Ensure a productive workforce and teams, helping staff to work effectively addressing performance issues responsively.

- Influence the creation of a modern digital environment with Local Authority and business partners for the North East Scotland health economy.

- Provide modern clinical facilities with cutting-edge technologies to advance clinical care delivery and make Grampian the place to work and live.

As a people organisation, our workforce plans aim to ensure that services have staff in the right numbers, with the right skills, values and behaviours to deliver high quality care. NHS Grampian depends on workforce planning and collaboration with academic partners to provide educational programmes. An important role for NHS Grampian, with partners, is to anticipate future needs across the North East and North of Scotland which tackle current workforce supply issues, and which allow for flexibility as new service delivery models emerge.

A developing role of NHS Grampian is in creating an environment which stimulates innovation in the workplace. This is fundamentally about getting the best from our key resources - people, processes, and relationships. In an environment which is often under pressure, our aim is to encourage new ideas to be generated by staff and to support them in the best way possible to implement change.

Appendix 4 provides further information on the factors key to enabling transformation.

Our ambition

Prevention

The NHS has a major contribution to make to the promotion of health and the prevention of disease across populations. Preventing poor health and premature death is better for people and, if delivered systematically, can reduce demand on healthcare services. It is cost effective, yet it is estimated that we spend only 4% of the NHS budget on prevention programmes.

People from deprived communities are more likely to suffer ill health and require greater use of clinical services. Tackling inequalities in health is fairer for society and will reduce avoidable demand for health services.

Our ambition for prevention within this Clinical Strategy is to:

- Implement primary prevention activities that have a direct benefit for clinical services, protect staff from ill health and create a positive environment for wellbeing (e.g. smoke-free health facilities, staff immunisation).

- Deliver systematically and at scale, secondary prevention activities that address inequalities in health and help to reduce further avoidable demand on health services (e.g. screening programmes, alcohol reduction interventions, tobacco cessation support, weight management programmes).

- Transform the healthcare environment to influence how people behave, seizing opportunities during capital investments to make all healthcare facilities designed and organised to create the right environment for change. Catering, open spaces, the availability of exercise opportunities and information points all help to enable patients, staff and visitors make healthy choices, even in our busy lives. Good places equal better health.

- Enable healthcare information about care and treatment to be obtained, understood and used to make appropriate and informed health decisions. This is important for patients and staff when understanding options, location of treatment, outcomes and risks.

Self-management

People with long-term conditions account for 50% of all GP appointments, 64% of all outpatient appointments and over 70% of inpatient days in hospital. This situation is likely to increase. Rather than just dealing with immediate health problems, we want to understand what individuals need to live the life of their choosing and help support them to achieve this.

Our ambition for self-management is that:

- Staff, partners and carers believe in the value of person-centred care and shared decision-making, and support individuals in their active involvement in being part of the solution.

- The organisation of services is adapted to a person's multiple needs, rather than a person having to adapt to multiple systems.

- The wider resources in a person's community are known and used as part of the health system (e.g. community groups, leisure facilities).

- Communities have access to modern digital infrastructure through investment opportunities created by Scottish Government and the 'City Deal'. The use of innovative approaches and technologies to support communication and self-care are pioneered in Grampian.

Planned care

Anticipating and responding to the requirements for clinical care helps to avoid emergency situations and leads to better outcomes for patients. Good communication with patients helps to establish realistic expectations, person-centred care and treatment.

The projected increases in the requirement for primary care and specialist care will place further pressure on these services for advice, diagnosis and treatment. Services will need to be provided differently if they are to be sustainable and meet the needs of the population.

The need to extend service networks to manage elective care capacity pressures across the North of Scotland is well understood and NHS Grampian will be an active partner in enabling this to happen.

Stakeholders believe that providing care locally is important, so we want to work efficiently and in collaboration with other providers to manage peaks and troughs in service need. The development of new elective care facilities will extend planned care capacity and provides an opportunity to transform our approach, in conjunction with partner Health Boards in the North of Scotland.

Our ambition for planned care is to:

- Provide care close to people's homes, including diagnostics, treatments and wellbeing support.

- Tailor specialist treatment based on the realistic needs and goals of each patient.

- Improve the efficiency and productivity of services whilst safeguarding quality of care and working conditions for staff.

- Sustain planned care services as part of a North East and North of Scotland network, being sensitive to our dispersed population, and securing sufficient capacity to improve faster access to care.

Unscheduled care

The demographic challenges we face suggest that unscheduled admissions will rise, even with the effective organisation of planned care, prevention and self-management. The health system in the North East of Scotland has coped well in keeping avoidable unscheduled admissions low compared to the rest of Scotland, but the challenge in maintaining this is considerable.

Aberdeen is to be one of four major trauma centres in Scotland, operating as a hub within the North of Scotland as part of a national network. The organisation and management of services is a key area for collaboration to ensure equitable and high standards across the northern region.

Our ambition for unscheduled care is to:

- Extend the provision of unscheduled care by developing new practitioner roles to support self-management and wellbeing, including developing the role of the third sector and local communities.

- Provide health and social care advice and practical decision support for patients, carers and staff in emergency situations, helping to prevent unnecessary hospital admissions.

- Provide the appropriate capacity in acute and community hospitals, care homes and in patients' homes so that patients are cared for in the most appropriate place, without delays.

- Deliver major trauma services for the North East and North of Scotland population ensuring high quality of care and effective outcomes for patients and their families. As part of this development, ensure improvements created also translate into the enhancement of care and outcomes for critically-ill patients and their families across the North of Scotland.

Delivering the ambitions

In order to support the implementation of the strategy and deliver the ambitions set out within this, we will on an annual basis set out the commitments and priorities for implementation. This will be informed by staff, partners and the public. As part of confirming the commitments and priorities annually, we will also communicate the achievements made from the previous year's commitments. To read about the commitments and priorities for this year, please go to
www.nhsgrampian.org/clinicalstrategy

Concluding remarks

This strategy is about enabling the good health and wellbeing of our staff, patients and people of the North East and North of Scotland. The underpinning belief is that this comes from being heard, being valued and being supported. We have spent 10 months finding out what is important to people and the changes that are necessary. Our ambition in developing and implementing this strategy is to equip our health system – staff, patients and communities to transform the way clinical care is understood and delivered.

Appendices

Partnership working and the changing role of NHS Grampian

Since 2000, NHS Grampian has been responsible for planning, commissioning and delivering all NHS services, and has overall responsibility for the health of our population. The formal delegation of a significant proportion of services to Integration Joint Boards of the new Health and Social Care Partnerships (HSCPs), from April 2016, means that over 40% of the NHS budget transfers to these new bodies. This changes the nature of organisational roles, responsibilities and governance in managing health and health services.

The new HSCPs in Moray, Aberdeenshire and Aberdeen City bring together the NHS and local authority social care services for adults with the aim of integrating services around the needs of individuals and communities. The emphasis is on enabling people and patients to live independent lives as much as possible and to coordinate care between hospital, community and home. In addition to community and primary care services, the Integration Joint Boards are responsible for the planning of six acute hospital services which focus mainly on unscheduled care, i.e. emergency treatment and care provided in emergency departments, general medicine, geriatric medicine, respiratory medicine, rehabilitation medicine and palliative care.

The delegation of the planning and delivery of services to the HSCPs is a major change. However, NHS Grampian continues be accountable for the clinical governance of all health services. It is also a major provider of acute and tertiary services and continues to employ over 14,000 staff. There is, however, a need to give more prominence to the role of NHS Grampian as a facilitator of partnership working, recognising the close relationships with the HSCPs and local councils and the Board's overview of the whole of the North East of Scotland.

NHS Grampian is a large organisation in the North East of Scotland and has a responsibility to maximise community benefit in what it does. There will be a need to increase effort in community planning and empowering communities to develop local solutions for good health and wellbeing, and in the contribution towards overall regional economic wealth and development.

Collaborative working with the third sector in the planning and delivery of improvements at service and strategic level will be essential in maximising the skills, expertise and capacity of all those involved in delivery of person-centred care. Unpaid carers are now the largest provider of care but often the valuable role they provide can be detrimental to their health and wellbeing. It is essential that we involve unpaid carers in the development of care plans and work with partners to identify and respond to the carers' specific support needs to ensure we reduce any negative impact on their health and wellbeing.

There will be a focus on collaborative working with other public sector organisations and business in relation to infrastructure developments, digital and health innovations, research and development. In addition to this, NHS Grampian will continue to have a role in delivering acute services across the area. A specific plan for the delivery of acute services will be prepared which will be consistent with the Grampian Clinical Strategy and partnership plans.

MORAY STRATEGIC PLAN

ABERDEENSHIRE STRATEGIC PLAN

NHS Grampian
Clinical Strategy

ABERDEEN CITY STRATEGIC PLAN
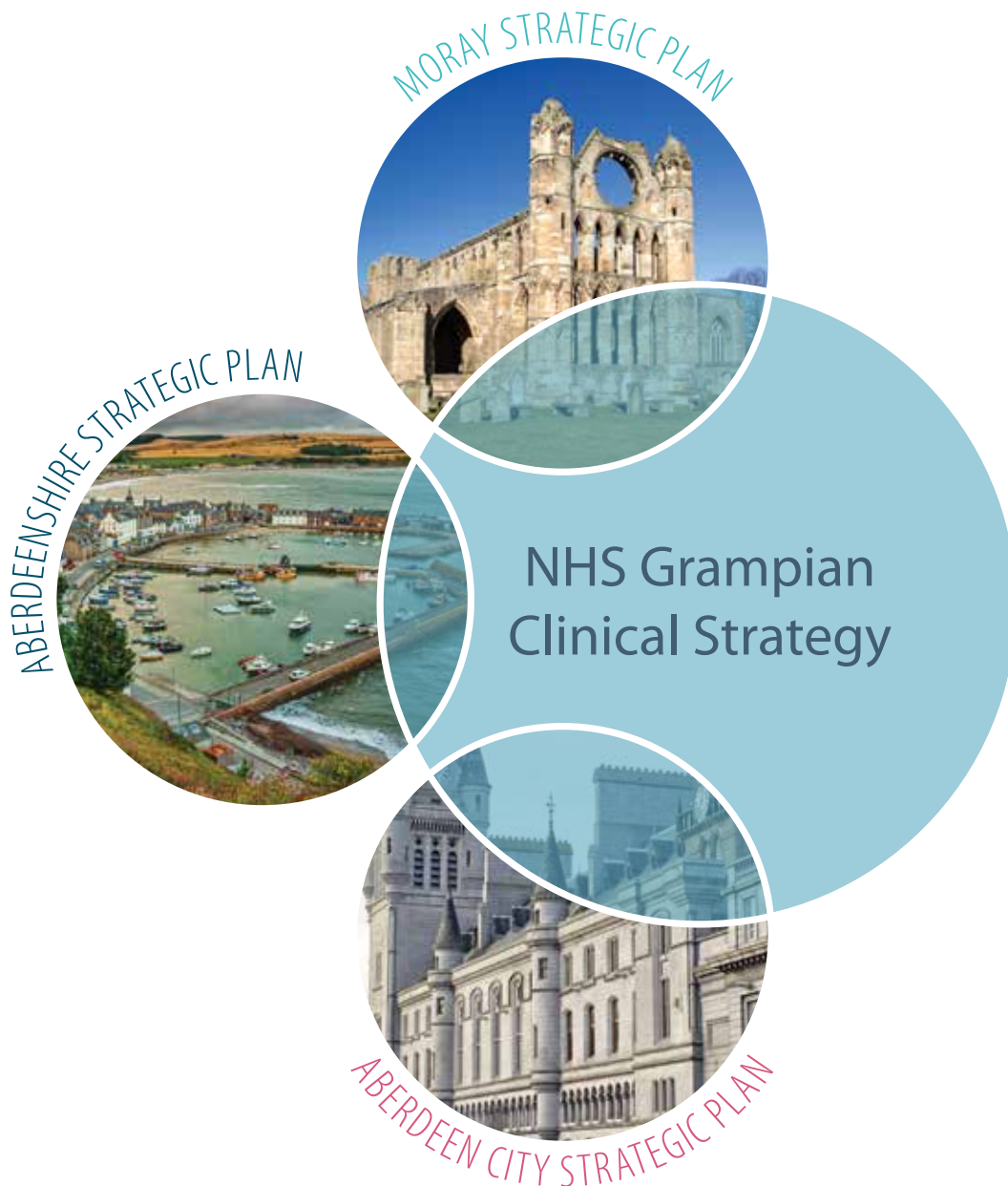
As a people organisation, there is a need for workforce plans to ensure that services have staff in the right numbers, with the right skills, values and behaviours to deliver high quality care. NHS Grampian depends on workforce planning and collaboration with academic partners to provide educational programmes. An important role for NHS Grampian is to anticipate future needs across the North East and North of Scotland which tackle current workforce supply issues, and which allow for flexibility as new service delivery models emerge.

A developing role of NHS Grampian is in creating the right environment across the health system for workplace innovation. This is fundamentally about getting the best from our key resources - people, processes, and relationships. Our aim here is to enable new ideas to be generated from within services through high levels of collaboration, giving fresh ideas on how to deliver organisational objectives and improve the quality of experience at work for employees.
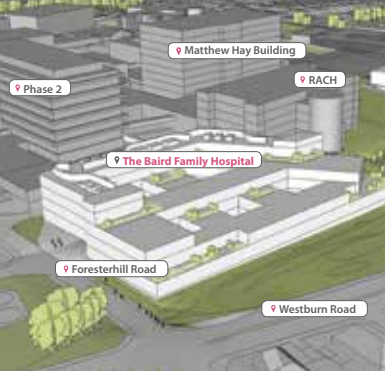
Acute services are delivered predominantly within the hospital settings of Aberdeen Royal Infirmary, Dr Gray's Hospital, Royal Aberdeen Children's Hospital, Royal Cornhill Hospital and the Aberdeen Maternity Hospital. However, there are increasingly more elements of care being delivered by teams in a more local setting in collaboration with primary and community care. These services are provided across the North East and to the populations of Orkney and Shetland.

Tertiary, highly specialist care is predominantly delivered in Aberdeen, situated on one of the biggest health campuses in Europe and delivered to the North of Scotland population. A number of these specialist areas, working with university and other partners have led the way on advances in diagnostics and treatment through research, technology and robotics which has revolutionalised clinical care both locally and elsewhere. Aberdeen also provides highly specialist services to populations across Scotland and beyond, including the Oil and Gas Sector.

Over the next five years there will be further developments which will continue to transform the delivery of elective and unscheduled care, for example, the development of Aberdeen as the Major Trauma Centre for the North of Scotland, the transformation of elective care, cancer care and maternity and women's services. These will all have a key focus on delivering sustainable person-centred care which maximises clinical outcomes based on the right care delivered in the right place at the right time.

There are also a number of highly specialist services which are experiencing challenges due to increasing demand, the level of specialist skills required, the associated workforce challenges to deliver these 24 hours a day, access to newer technologies and, in some areas, highly specialist care which is in low demand due to advancements in technologies.

As a teaching and training organisation within the North, we are fully committed to continuing to work in partnership with local universities and other educational providers to continue to deliver the best possible educational and training opportunities to existing and future professionals.

The improvement of acute and tertiary services requires successful partnerships with the NHS Boards in Tayside, Highland, Orkney, Shetland and the Western Isles. The need to extend service delivery networks to manage planned care capacity pressures across the North of Scotland is well understood and NHS Grampian is already an active partner in enabling this to happen. Further public sector reform and the possibility of larger regional boards increases the focus on solutions which fit our particular geography and demographic challenges in the North of Scotland.

Summary of Grampian Clinical Strategy Consultation Feedback

(March – May 2016)

Consultation on the proposed key themes and priorities for the Grampian Clinical Strategy took place between 8th March and 6th May 2016, targeting both professional and public opinion. The themes consulted upon emerged from a significant amount of engagement with staff, the public and partners in the months prior to the consultation.

A number of mechanisms were used to raise awareness of the consultation itself and to encourage participation. This included online staff and public-facing internet pages, video clips, Facebook and Twitter presence, surveys and consultation meetings involving NHS staff, partner colleagues and members of the public. Formal responses from the consultation included:

- 104 responses via e-survey (80 staff/partner and 24 public responses).

- 22 responses via e-mail (mostly from staff).

- 297 responses from a public online and hospital survey.

Overall, the opportunity to contribute to the planning for a local Clinical Strategy was well received.

The vast majority of respondents (both public and staff) demonstrated clear and robust insight of the challenges facing our healthcare system today. Almost all responses expressed agreement with the general strategic direction and with the ideas expressed in the Scottish Chief Medical Officer annual report "Realistic Medicine." A number of suggestions were made on how to apply Realistic Medicine which were mostly general, rather than specific.

The four themes of Prevention, Self-Management, Planned Care and Unscheduled Care were well-understood and found to provide a helpful structure. Key themes from the responses are outlined in more detail in the full report.

A summary is presented here.

Prevention

Prevention was highlighted as a key theme in responses. Seeking preventive solutions should be integral to every step of service change, leading to long-term reduction in the burden on other services and finances. A focus on primary prevention should occur more in the early years of life. Early intervention, particularly in the area of weight management throughout life, was mentioned several times in responses and could promote positive change for future areas of clinical need such as diabetes, heart disease, infertility/pregnancy, orthopaedics and mental health. There should be more use of health behaviour change methodology, positive empowerment and brief intervention in both clinical and non-clinical settings. The need for greater focus on a prevention approach was also recognised in order to reduce crisis management and unscheduled care episodes.

Self-management

The concept of supporting a change to our local health and social care systems towards more self-management of long-term conditions and to maintain health and wellbeing was strongly supported. Underpinning this were the following views:

- It was clearly envisaged that for improvements to occur in healthcare and general wellbeing, individuals should be supported by the professionals managing their care through education, empowerment and shared decision-making.

- There was an acknowledgement from staff from a variety of clinical areas that they had a role in making change happen, indeed they wanted to be a part of it.

- A more realistic expectation of the patient journey needs to be portrayed to patients and carers.

- Lifestyle changes need to be made as easy as possible for patients and the public, through opportunities in the community and primary care.

- There is room for more joined up, multi-disciplinary and multi-agency cross-system working – sharing planning discussions and good practice.

- Improving staff health and wellbeing was key to ensuring the right workforce for the task.

- More care delivered as close to home as it is right to do, with greater involvement of communities, including the third sector to support a self-management ethos.

- Primary care professionals, community projects and the third sector could strongly support this agenda if resourced appropriately in terms of time, skills and sometimes funding.

Shifting clinical activity

A number of remarks were made about how clinical activity might be better managed, some generic and some specific:

- Mental health needs to be on a par with physical wellbeing; more integration in the provision of healthcare across the organisation to address both physical and mental health needs was mentioned several times.

- A further societal shift in focus was thought to be needed from health/mental health services being the realm of clinicians and professionals, towards families and their communities, including third sector partners, contributing in a more supportive role.

- Use a goal-centred, patient-focused approach to patients and interventions, based on what the patient (and/or carer) wants to or needs to achieve.

- Overall, a shift of focus to community and primary care from acute settings, where appropriate to do so, was strongly promoted both by staff and the public, and resources need to follow such shifts.

- Services should be less Aberdeen-centric and the potential for regional working across the North should be explored more, in a systematic way.

- There was a desire to decrease GP patient workload, both to facilitate a more engaging discussion with patients on what they can do to support their condition and to support staff wellbeing at work. There was much support for 'Realistic Medicine'.

- Government targets were mentioned in a few responses, both in favour of their use and questioning their usefulness. Some felt that seven day working should be reviewed and possibly expanded.

IT and communications

There were a number of ideas for better use of technology, communication and sharing of information across linked systems to aid the self-management agenda and improve the efficiency of the healthcare system generally. There was significant support for expansion of telemedicine, including email and web-based disease information to bring care closer to patients. Information sharing was also highlighted as another area to be addressed to support better collaborative working.

Partnership working

Partnership working was strongly supported by many, as perceptions are that there is still much silo-working. Greater collaboration should take place across primary and secondary care, between clinical systems and community services (e.g. referral processes, pharmacy, optometry, psychology). Much hope was expressed in the further development of the role of Health and Social Care Partnerships in planning care by clinical and non-clinical services, including the role of third sector partners.

Workforce and staff health and wellbeing

As outlined, most responses came from staff with many highlighting staff welfare as a priority. Many noted that recent vacancy pressures were having an effect on staff morale and stress levels, which in its turn was likely to affect patient care. Generally the right workforce would be one that is appropriately valued, listened to, supported, trained and managed.

Workforce - more robust leadership, support, mentoring and clinical supervision are required, with clear career pathways. More clarity around roles and expectations and better management of poor performance were outlined as areas in need of improvement. Staff should be allowed more freedom to act autonomously. For the anticipated changes to occur, front-line staff highlighted that more ring-fenced time was needed to undertake training (not in own time), and to engage with patients on education and health interventions, enabling time for difficult conversations with patients (and carers/families) about their treatment and care needs.

Staff Health and Wellbeing - Staff mental health needs should be prioritised, with greater acknowledgement of staff distress in dealing with difficult workplace and patient situations. It was frequently suggested that staff should be better supported to address the health issues they themselves might have, e.g. overweight staff supported to lose weight, exercising facilities for staff, not limited to central locations. It was also highlighted by a number that success needs to be celebrated and staff views listened to and respected.

Summary

On the whole, there is a clear synergy between the feedback received from staff, partner organisations and the public. Both public and staff particularly remarked that patients needed to be listened to more and the consultation was welcomed as one mechanism for this.

The feedback and suggestions provided by staff, partner colleagues and the public during the consultation and in the pre-consultation period have been used to formulate the Grampian Clinical Strategy. Comments received will also be taken forward across a range of specific work-streams.

To access the full report on the feedback received during the consultation, visit:
www.nhsgrampian.org/clinicalstrategy

Influences on the future shape of clinical care

The key areas for change outlined in this strategy are influenced by a wide range of external and internal factors. Many are difficult to quantify but nonetheless indicate a general direction of travel and should be considered for strategic planning purposes.

Demography

- **The population is growing:** Over the next 20 years (2015 - 2035), the population in Grampian is predicted to grow by 87,000 to 672,000. In 2013 - 14, net migration into Grampian (4,000) accounted for approximately 80% of the population increase, with approximately 20% due to natural growth (births - deaths).

- **The population is becoming more diverse:** Estimates from across the UK suggest that by 2031, minority ethnic groups will make up 15% of the UK population, up from 12% in 2011. In 2014, 19% of Aberdeen City residents were born outside the UK.

- **More people are living alone:** By 2035, 114,000 people are expected to be living on their own in the North East of Scotland, i.e. 37% of households. The number of people over 85 living on their own is expected to grow from 6,000 to 15,000.

- **The population is ageing:** Over the next 20 years, the population aged 65 - 84 will rise by 39% and those over 85 by 123%.

- **Life expectancy and healthy life expectancy are growing:** Male life expectancy in Grampian has increased by almost 4% in the past decade and females by almost 2% - one of the highest in Scotland. Healthy life expectancy has grown at a similar rate historically, suggesting that the extra years of life will not necessarily be years of ill health.

- **Inequalities impact in middle age:** Inequalities often have their roots in childhood, leading to the greatest disparities in health between the least and most deprived. In middle age, mortality and emergency admission rates are three times higher amongst less affluent populations. At older ages, there is little difference.

- **Unpaid carers are the largest provider of care in the UK:** It is estimated that in Scotland 745,000 adults and 44,000 young people provide unpaid care to relatives and friends. The care they provide saves the Scottish economy an estimated £10.3 billion each year. The benefit of the support provided can, however, be detrimental to the carers' physical and emotional wellbeing.

- **North of Scotland population:** Acute and tertiary health services are provided to a geographically dispersed population across the North of Scotland.

Healthy behaviours

- **Current lifestyles contribute a serious threat to population health, affecting use of healthcare, particularly amongst disadvantaged groups:** Over one third of the adult population in Grampian does not meet the recommended minimum levels of activity. 78% do not consume the recommended amount of fruit and vegetables; 30% are obese; 20% smoke and 41% of adults drink more than the current recommended limits of alcohol. Although physical activity is increasing slightly and levels of smoking are declining, obesity in Grampian is increasing at a significantly faster rate than the rest of Scotland, and rates are higher in the more disadvantaged groups.

- **There are some improving trends in behaviour of young people:** Rates of drinking, smoking and drug taking in the young have fallen over recent years. Obesity has stabilised and levels of physical activity are improving. However, only 13% of children eat the recommended levels of fruit and vegetables considered important in a healthy diet.

Disease and disability

- **Nationally, the number of people with some diseases will double over the next 20 years:** For example, by 2034 there are likely to be 35,000 people in Grampian living with diabetes; one third higher than the current 27,000.

- **The number of people with more than one long-term condition is also growing rapidly:** Over 2 million people in Scotland will be living with at least one long-term condition by 2030. In 2011, more than 150,000 residents of Grampian were reported to be living with one or more long-term conditions.

- **Significant health inequalities are likely to persist:** Life expectancy for men living in the least deprived parts of Aberdeenshire is almost 10 years higher than men living in the most deprived parts of Aberdeen City.

- **Continuing threats from communicable disease:** We are seeing the emergence of 'old' infectious diseases, e.g. tuberculosis (TB), and new global infectious disease threats. Anti-microbial resistant bacteria could undermine the effectiveness of some medicines.

Workforce

- **The workforce in Scotland is rising:** The number of staff working in Scotland's NHS is reported as reaching an all time high. Within Grampian our staffing is almost back to levels achieved in 2009. Despite this, in a number of specialties recruitment of doctors, nurses and allied health professionals is challenging. Recruitment of healthcare support workers in both clinical and non-clinical support roles has also been difficult but has improved as the North East oil and gas economy changes.

- **Work patterns are changing:** Demand for highly skilled individuals to work at the top of their licence is growing. Extending the role of the non-medical professional workforce and increasing the number of support workers will be key to sustainability. Growing a workforce with greater flexibility and generic skills will also be critical. Information technology is blurring the boundaries of work and home, influencing part time and remote working. Changes to pension regulation mean that people will be expected to work for longer and we need to ensure that there are appropriate career frameworks to support this.

- **The health and social care workforce requires change to deliver the transformational change expected and address the growing demand:** An ageing population, with a growing burden of long-term conditions, and an ageing workforce have implications for staff numbers, skill mix and competencies.

- **Redesign of existing roles and the development of new roles:** Integration with social care may mean staff have a mix of health and social care competencies. Strategic workforce plans are needed to grow a critical mass of new practitioners. Citizens will also have a role as self-management practitioners.

- **The 'care gap' is increasing whilst future demand from older people increases:** Usual sources of informal care are reducing, putting pressure on statutory services.

Public attitudes

- **Rising expectations of services:** The public is placing more demands on health professionals and seeking more engagement in decisions about care.

- **NHS is valued highly but there are concerns about its future:** Satisfaction with the NHS in Scotland is high but 42% of Scots believe NHS services will get worse in the next 10 years.

- **Generational differences in attitudes:** Younger people are markedly less satisfied and less supportive of investment in welfare.

- **Increased levels of education are strongly related to improved health:** An additional four years of schooling improves five year mortality rates by 16%.

- **Economic hardship is highly correlated with poor health:** Lower incomes and lower employment are bad for health.

Medical advances

- **Pharmaceutical innovation could provide new treatments for common diseases:** Innovation in drug discovery, genetics, and biotechnology have already improved treatments for HIV, cancer, and heart disease, and offer hope of better treatments for neurodegenerative diseases.

- **Advances in diagnostics, devices and robotics:** Developments in diagnostics and drug delivery could reduce drug errors, increase compliance and improve efficacy.

- **Precision medicine:** By the age of 60, six out of 10 people are likely to develop a disease that is at least partially genetically determined. Precision medicine could revolutionise our ability to predict, prevent, monitor and treat conditions, radically improving patient outcomes and population health.

- **Home-based remote technologies could transform interactions between professionals and patients:** Internet-based remote consultations are already commonplace in some countries. There is the potential for millions of people to access and use home-based technologies for managing long-term conditions. Smartphones can be used for gathering data and enabling people to access personalised support.

- **Budget constraints may limit our ability to benefit from medical innovation:** Medical advances may fuel the demand for healthcare, and budgetary constraints can act as a barrier to the adoption of new technologies.

Economic factors

- **Future funding for health and social care:** There is likely to be uncertainty over long-term funding budgets for health and social care affecting local spending, investment and saving plans.

- **Economic prosperity:** Volatile nature of the North East economy, Scotland and UK in general.

Information technologies

- **Use of internet continues to grow:** Four out of five people in Scotland can access the internet at home and the use of smartphones is increasing at a faster rate than other countries in the UK.

- **Social media will grow rapidly in importance:** The impact on health and social care is expected to grow. Patients and health professionals are already using social media to post medical problems and seek help finding diagnoses.

- **The rise of the app:** Apps have a wide array of uses in healthcare, e.g. "the doctor who lives in your phone".

- **Changing the relationship between professionals and service users:** Information technology is changing the way in which we make use of knowledge, driving changes in the relationship between professionals and service users.

National policy

- **Increased focus on primary and community care:** Integration of health and social care, working in partnership with local communities, enhancing clinical roles in primary care and increasing the use of technology.

- **Networks of specialist services:** Planning and the organisation of some specialist services will be done at a national or regional level, based on population size rather than geographical boundaries, working as part of a Scottish network.

- **Realistic Medicine – a new clinical paradigm:** Providing realistic care to informed patients, choosing treatment according to their individual preferences and choices. This approach is person-centred and will help to identify interventions (drugs and treatments) that are of limited value or may cause more harm than good.

Sustainable services

- **There are close connections between environmental sustainability and other system goals:** We need to place fewer demands on the physical environment, e.g. our carbon footprint. This is important for both environmental sustainability and for cost effectiveness – both are closely connected.

- **Sustainability will be seen as an essential dimension of quality:** It is likely to become a core value similar to equity and accessibility, with mechanisms to monitor and hold the system to account for environmental performance.

Evidence on clinical service reconfiguration

- **Reconfiguration of clinical services:** Reconfiguration is an important but insufficient approach to improve quality. There is no evidence that it saves money on its own. There is no 'optimal design' and proposals must come from strong engagement with stakeholders.

Trends in activity

- By 2037, based on historical trends over the past 14 years, we should expect to see an increase in planned and unscheduled care:
  - Increase in day-cases ranging between 9 - 24% and inpatients ranging between 16 - 31%.
  - Increase in emergency hospital admissions ranging between 16 - 23%.

Financial projections

- NHS Grampian's core revenue allocation was increased by £56m in 2016/17 and has a savings target of approximately £18.5m or 2.1% to achieve financial balance. See Appendix 5 for more information on how resources are allocated.

- Investment over the next five years will be influenced by national priorities and the intentions within our local Clinical Strategy.

Summary

These forces and drivers for change give us a strong steer for health and the organisation of healthcare over the coming years. Many of these challenges are already well understood and are being tackled. This new strategy, however, seeks to make more significant change at scale, making the most of the drivers for change to really improve the quality and sustainability of care.

Most important is the population response to the changes in the way that healthcare is organised and provided. In spite of reforms and austerity, change in public opinion has been limited. Satisfaction with the NHS currently remains high and whilst there is universal acknowledgement that the NHS is facing a funding problem, support for difficult choices (i.e. increased taxes) remains fairly low. We will have to convince individuals and communities that our quest for increased individual ownership of health is mutually beneficial if we are to win hearts and minds. Our workforce will be crucial in overcoming the barriers to self-care, such as personal inconvenience, lack of information and lack of support from health professionals.

Enabling transformation

Overview

The strategic themes of prevention, self-management, planned care and unscheduled care are well established and there are many actions being taken forward – nationally, regionally and locally – to develop capacity and capability.

Identifying strategic priorities does not make change and improvement happen. Clarity of direction is necessary but real change happens by creating the conditions for staff and teams to take the initiative and connect with each other and partners.

The advice received from staff and partners highlighted the need to create the conditions for change by:

- Developing the workforce to meet the future health, treatment and care needs of the population and supporting staff health and wellbeing.

- Sharing information about treatment and care appropriately across the system.

- Supporting staff to continuously improve, innovate and research.

- Working collaboratively in care networks, across acute services and Health and Social Care Partnerships (HSCPs), third sector and with North of Scotland partners.

- Improving the clinical infrastructure to provide a better environment for the delivery of clinical services and a better experience of care for patients and their carers.

The development of these enabling themes will support the transformation in all of the strategic priorities:

PREVENTION	SELF-MANAGEMENT	PLANNED CARE	UNSCHEDULED CARE
PROMOTING STAFF HEALTH AND WELLBEING			
DEVELOPING OUR WORKFORCE			
INFORMATION SHARING ACROSS THE SYSTEM			
CONTINUOUS IMPROVEMENT			
COLLABORATIVE WORKING AND NETWORKING			

Developing the workforce

Staff and staff working in teams, their experience at work and how valued they feel makes a difference to the people who use our services. NHS Grampian staff provide excellent services and do so in often difficult conditions when demand for services is high and the working environment is challenging. Surveys indicate that patient experience is routinely excellent or very good which is proof of the dedication of staff. Staff surveys show that despite our challenges, by far the majority of staff rate NHS Grampian as a good place to work. Further work will be done to improve staff experience at work and move towards exemplar employer status by:

- Continuing to involve staff in decisions that affect them and actively engaging with staff to embed the staff governance standards.

- Continuing to promote dignified workplaces and providing opportunities for staff to voice concerns.

- Rolling out iMatter across all staff groups, facilitating a structured approach to team feedback, engagement and improved team working.

- Reviewing the level of administration undertaken by clinical staff – reducing it where possible and applying information systems to improve efficiency.

- Providing a continuously improving, safe working environment, prioritising health and wellbeing of staff, patients, unpaid carers and wider community.

Ensuring the availability of the right staff, with the right skills and experience, continues to be a priority for NHS Grampian. The 'Recruitment 2020' strategy has improved recruitment and retention but work continues to:

- Promote the reputation of NHS Grampian for professional development, innovation and research.

- Develop new roles and ensure that staff work in roles which maximise the value of their skills and experience as part of the healthcare team.

- Modernise our recruitment and training methods to find and retain the right people.

- Engage with Universities, Colleges and NHS Education for Scotland to ensure that education and training meets future needs.

The integration of health and social care is a positive change and will support the development of the themes in this strategy. Integration also means change for staff with the need to work more closely with social care and third sector colleagues. Supporting staff to be active members of integrated health and social care teams in the Moray, Aberdeenshire and Aberdeen HSCPs will be done by:

- Developing a leadership culture which encourages collaboration across all organisations.

- Assuring engagement of staff in all change.

- Strengthening team working to empower teams to focus on improvement and innovation.

- Providing more opportunities for continuous professional improvement.

Information sharing and management

Staff can better coordinate, manage and support shared decision making with patients about care if information is shared easily across acute, primary care, community care and social care services. This requires:

- Patient information to be held electronically.

- Agreements to be in place which permit the appropriate sharing of information between services and organisations.

If these conditions are in place across all health and social care organisations, clinicians, social care staff and third sector partners will be able to:

- Quickly access at the point of care an Electronic Patient Record (EPR) that provides the information that they need to make their contribution to the patient's care within the context of the wider health and social care team.

- Electronically record their findings, and share these with the rest of the care team, and quickly and easily initiate care processes, such as investigations, referrals and treatments, and generate clinical correspondence. Work flow will coordinate the inputs of other staff and monitor the patient's progress.

- Have quick and easy access to increasing amounts of clinical guidance and decision support that is relevant to the specific patient context, including highlighting any substantial variation from expectations, and generating appropriate prompts and alerts.

- Share information and potentially improve the efficiency of clinical care which is a significant priority for clinicians. NHS Grampian has made steady progress towards the development of an EPR over the past 10 years and it leads the field in many aspects of information management. In order to move towards the method of working outlined above, the following broad actions will be taken:

  – A cross-system collaboration will be established aimed at facilitating all organisations to work towards a common approach in relation to information sharing and management.

  – The organisation of information, records management and eHealth will be shaped to ensure that NHS Grampian can support the development of a common approach.

  – A comprehensive programme of EPR implementation will be put in place to move towards 100% of patient records being held electronically.

Continuous improvement

Staff have the motivation and potential to continuously improve and meet the challenges of changing need, patient expectations and new technology. There are many examples of staff improving services, developing innovations and participating in research which transforms the approach to clinical care. Further support to enable change will be put in place by integrating and coordinating quality improvement, innovation and research and development.

A Quality Improvement Hub will be established to provide the coordination and support for improvement including:

- Bringing together the key experts who can support change, i.e. service improvement, organisational development and those in the HSCPs and acute services who are involved in change management.

- Developing capacity in individuals and teams by providing training and development in the tools and techniques of change.

- Acting as a source of information on the range of change activities across all health and social care organisations and focusing support on the change activities that are common to all of the organisations.

- Supporting a more joined up approach across the whole system, including contractors in relation to quality improvement, training and systems.

A coordinated approach to innovation will be developed including the establishment of an Innovation Hub which will:

- Seek out and develop innovations developed by staff and industry which will support the transformation of services.

- Develop an innovation network across the health and social care organisations in the North East and North of Scotland, educational institutions and industry.

- Link with the Scottish Government innovation agenda to ensure that there is a consistent approach in relation to the health, wealth and innovation agenda.

There will be a renewed approach to research and development in partnership with the University of Aberdeen and Robert Gordon University with the aim of increasing the research profile of the NHS in the North East of Scotland and focusing research activities on the strategic priorities.

Networking and collaboration

The improvement of health and clinical care is a multi-professional and multi-agency responsibility requiring a high degree of networking and collaborative working between individuals, teams, services and organisations. Collaboration is necessary with key partners in order to formulate and deliver policy, ensure that patient pathways are developed and coordinated with a focus on patient needs, and manage treatment and care across team, service and organisational boundaries.

Feedback from patients and staff indicates that the quality of care provided by individual clinicians and services is very good. However, when complex care involving different teams and organisations is required, the coordination and patient focus could be improved. A higher level of networking, collaboration and broader team working is therefore necessary to focus services around the needs of patients.

The areas of improvement to support networking and collaboration will include:

- Reviewing the existing formal clinical networks to ensure that they are focused on health and care priorities and linking with all stakeholders.

- Supporting and encouraging staff and teams to take the initiative to improve networking across the system outside formal networking arrangements.

- Strengthening collaboration with North of Scotland NHS Boards to develop a clear vision for clinical services across the North taking account of its unique geography and population distribution.

- Continuing to work with island Boards in the development of clinical pathways of care and the underpinning professional support and training required to enable high quality and sustainable care to be delivered as close to home as possible.

- Developing the North East Scotland Partnership Steering Group which brings together NHS Grampian and Integration Joint Board members. This forum has a valuable role to coordinate health and social care issues of common interest across the North East of Scotland.

- Enabling the collaboration of acute services and health and social care clinicians and managers to ensure success in achieving the nine national outcomes for health and social care integration.

- Working closely with the Moray, Aberdeenshire, and Aberdeen City Councils to enable HSCPs to flourish and maintain the spirit of collaboration across all organisations.

- Working as an active partner in community planning to ensure that communities are supported to create their own plans for the future.

- Strengthening collaboration with university partners in the planning, enabling and evaluating of transformational change.

Clinical infrastructure

Buildings, equipment and IT are key components of the clinical infrastructure which contributes to the quality of clinical care. NHS Grampian has a varied range of buildings, including major acute hospitals, community hospitals, health centres, community clinics and offices. Many of these buildings are old and have been adapted for new uses. Others are some of the most modern clinical facilities in the country and include cutting edge technology to advance clinical care delivery.

Considerable progress has been made over the last 10 years with significant investment in new facilities in primary care and acute care settings. New infrastructure is also being planned and will be operational by 2020, including the:

- **Inverurie Health and Care Hub**, which will include modern facilities for the largest general practice in Scotland and a new Community Maternity Unit to support the implementation of NHS Grampian's maternity strategy.

- **Baird Family Hospital,** which will bring together a range of services for women and families in a way that has never been done before.

- **ANCHOR Cancer Centre,** which will deliver state of the art facilities for cancer care for the population of the North.

The NHS Grampian Asset Management Plan provides the direction for investment in the healthcare infrastructure that will support the implementation of the Grampian Clinical Strategy.
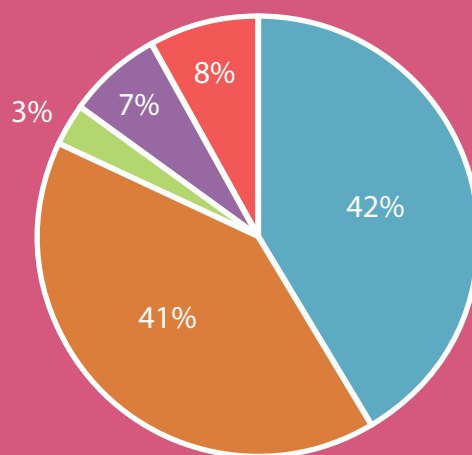
Appendix 5 provides further information on the investment of clinical infrastructure.

How we utilise our revenue funding

NHS Grampian utilises approximately £1.1bn per annum to provide health services for the population of the North East of Scotland, as well as providing healthcare support to other NHS Boards within the North regional planning area.

A high level summary of how these resources are deployed is presented below:

Expenditure on service

- Acute sector
- Primary and Community Care
- Dental
- Mental health
- Facilities

Pie chart: 42%, 41%, 3%, 7%, 8%

NHS Grampian's core revenue allocation was increased by £56m in 2016/17 and allocated to operating areas as follows:

- Acute Sector £16m

- Health and Social Care Partnerships £36m

- Other £4m

This reflects the intent of the National Clinical Strategy to increase the allocation of resources to primary and community care in order to build capacity by enhancing the recruitment of doctors to general practice, increasing the adaptation of technological solutions and by developing newer, extended, professional roles within primary care.

These new resources will be used to meet known cost increases (£29m), targeted investments and support strategic investment in social care services (£22m). The key cost increases are in relation to pay costs (£19.8m) and GP and hospital drugs (£4.1m).

To achieve financial balance in 2016/17, the Board has set a saving target of c£18.5m or 2.1%. The Budget Steering Group has established a programme of targeted efficiency savings to enable the Board to operate within the resources allocated by the Scottish Government.

Decisions in relation to the allocation of resources over the next five years will reflect the national 2020 priorities, health and social care integration and local priorities set out within our Clinical Strategy – prevention, self-management, planned care and unscheduled care.

Investing in our infrastructure

Our five year capital plan is summarised as follows:

	16/17	17/18	18/19	19/20	20/21	Total
	£m	£m	£m	£m	£m	£m
Primary Care	1.0	22.0	22.8	1.2	0.2	47.2
Major hospital developments	2.0	14.0	80.8	81.9	7.0	185.7
Backlog maintenance	19.0	10.6	1.2	-	-	30.8
Equipment – new and replacement	6.9	5.3	8.3	7.6	7.6	35.7
Other	13.4	7.2	2.4	7.7	4.4	35.1
Total	**42.3**	**59.1**	**115.5**	**98.4**	**19.2**	**334.5**

In terms of the next five years of our infrastructure investment programme, we would highlight the following strategic health priorities:

- **Primary and community care investments**
  We have a comprehensive primary care premises strategy which sets out our priorities across the Grampian area, taking account of the functional suitability and capacity of existing premises and emerging new settlements in line with local development plans.

- **Major hospital development investments**
  Key planned developments include the Baird Family Hospital (which will replace the existing maternity hospital, breast screening, gynaecology and neonatal facilities), the establishment of the ANCHOR Cancer Centre and the new diagnostic and treatment centre to meet future requirements for elective capacity across Grampian.

- **Reduction in backlog maintenance statutory compliance**
  Our planned investment programme in respect of backlog maintenance fits with NHS Grampian's strategic theme of delivering high quality care in the right place through providing safer, effective and sustainable services.

- **Replacement of essential equipment**
  A key element of our capital programme is the replacement of essential equipment and critical assets within our clinical and non-clinical services. We are gradually refining our detailed equipment replacement strategy, informed by a comprehensive assessment of risk.

- **Disposal of surplus assets**
  Our capital plan is supported by our programme of disposals of surplus assets. This programme has been agreed with the Scottish Government and delivery of the required actions is monitored closely by the Board's Asset Management Group.

- **Sustainability**
  The Board is committed to reduce the level of carbon emissions across our property base and all new developments are now delivered with integral technology designed to reduce energy use and consequently carbon emission levels.

Notes