Borders NHS Board

THE SCOTTISH HEALTHCARE SCIENCE NATIONAL DELIVERY PLAN (2015-2020)

Aim

To inform the Board on NHS Borders plan for implementing the Healthcare Science National Delivery Plan for 2015-2020.

Background

The National Delivery plan (NDP) for the healthcare science professions was launched on 11th May 2015. Following this launch, Health Boards were requested to develop local action plans by the end of 2015/16 identifying how they intend to deliver and evidence the outcomes of the NDP. There should also be a clearly accountable health care Science Professional lead to ensure that the National Delivery Plan is implemented across all work streams.

The NDP covers all Healthcare Science Professions. A Healthcare Scientist is a proscribed term by the Health Care Professional Council, the following staff groups are therefore included:

- Biomedical staff
- Radiographers
- Audiologists
- Clinical Physiologists
- Medical physicists and clinical engineers

It is important to note that although medical staff and other clinical professionals are not health care scientists they are significant stakeholders in any healthcare science delivery plan and must be included in any action plan.

Summary

The Healthcare Science National Delivery Plan identifies 5 key workstreams:

1. Streamlining Health Technology management to achieve a coherent and fully integrated systems approach to appraise and improve the management of health Technology and maximise the benefit to patients;

2. Point of Care testing to ensure appropriate usage and clinical governance

3. Demand optimisation to reduce unnecessary testing across primary and secondary care;

4. Identifying and developing new health care science roles to support areas of service pressure and pursuing areas where there is the potential to free-up clinical capacity;

5. A new integrated model for Clinical Physiology to enhance clinical physiology and quality.

It is anticipated that the actions required to implement the National Delivery Plan workstreams will be managed within current resources, however there may be a cost implication associated with workstream 2 (clinical governance of Point of Care Testing). Further exploration of this workstream is required to identify any resources required.

Key Issues

1. Streamlining Health Technology management

Currently new technology introductions are done on a ‘needs must basis’.

What we need to do:

- Ensure all projects have a technology enhancement review to ensure that local IT use has been optimised to achieve the best clinical outcome particularly with patient safety
- The health care science/IT working relationship should be formalised in an accountable group –to ensure that many of the technological innovations reach their full potential.

2. Point of Care testing (POCT)

Definition: This refers to any test that requires a piece of equipment to analyse and deliver a result on any biological specimen (blood, urine, body fluids) outside of the normal laboratory environment and can be carried out by staff who have had no formal laboratory training. It formally excluded dipstick testing. POCT works best when there is a clear clinical benefit (speed of result; improvement in clinical process), since the cost of POCT is significantly higher than a laboratory orientated service.

NHS Borders currently has an Area Point of Care testing Committee and a board policy. In practice, NHS Borders has limited influence on primary care contractors who buy and implement their systems occasionally with, but usually without the help and advice of NHS Borders.

NHS Borders does not have a point of care co-ordinator or staff in the laboratory with formal Point of care testing activity within their job description, although some work is carried out around other duties.

NHS Borders does not have a register of POCT equipment in the hospital and therefore equipment is not maintained as well as it could be.

What we need to do:

- Develop a risk register for all POCT areas within secondary care
- Give authority to the POCT committee to withdraw underperforming POCT systems.
- Design and implement a system for monitoring and maintaining POCT systems throughout NHS Borders.

3. Demand Optimisation

Significant progress has been made on this workstream already.

Blood Sciences have in place minimum requesting times for tests to avoid unnecessary early repeats as well as reviewing test profiles, removing those tests that are not required in a profile form. Guidelines have been introduced into specific test areas, such as faecal calprotectin to allow the development of action limits rather than reference intervals. This has allowed appropriate interpretation of tests with guidance on the management and referral of patients to secondary care. There are also clear guidelines in the use of MRI and CAT referral for primary care in radiology.

However, similar activity is unclear in physiological medicine, and a basic review of options for demand optimisation should be carried out.

What we need to do:

- Document all the demand optimisation activity carried out to date within laboratories and radiology and assess the impact of this activity.
- Identify areas for further demand optimisation and develop action plan.
- A full review of clinical physiology to outline the scope within this speciality (please note that this could be incorporated within the full stake-holder review for the new integrated model for clinical physiology – workstream 5).

4. New health care science roles

Health care science staff already carry out some duties which would otherwise be carried out by medical consultants. A further review of the possibility of additional duties being carried out by health care science staff instead of clinical staff should be reviewed.

What we need to do:

- Carry out a full scoping exercise to review areas where health care science staff can take responsibility for roles currently carried out by clinical staff.

5. A new integrated model for Clinical Physiology

What we need to do:

- Complete a stakeholder review of physiology with a clear remit on the value of current practice, the potential for expansion and appropriate delivery of required tests.

Consultation

The self-assessment and local implementation plan has been developed in conjunction with the Head of Clinical Sciences, the General Manager – Planned Care and Commissioning and the Clinical Service Manager – Planned Care and Commissioning. It has been to the Clinical Executive Strategy Group and discussions have taken place with the Clinical Service Manager and service leads around the specific workstreams. This paper is also planned to go to the Primary, Acute and Community Services Clinical Board on 24th February 2016. Additionally, actions around each workstream will involve further consultation and collaboration with the relevant services and key stakeholders.

The following actions are required:

1. **Streamlining Health Technology management**
   - Ensure all projects have a technology enhancement review to ensure that local IT use has been optimised to achieve the best clinical outcome particularly with patient safety
   - The health care science/IT working relationship should be formalised in an accountable group –to ensure that many of the technological innovations reach their full potential.

2. **Point of Care testing (POCT)**
   - Appointment a POCT co-ordinator with responsibility for both primary and secondary care
   - Develop a risk register for all POCT areas within secondary care
   - Give authority to the POCT committee to withdraw underperforming POCT systems.

3. **Demand Optimisation**
   - Document demand optimisation activity within laboratories and radiology with the development of an action plan to develop others
   - A full review of clinical physiology to outline the scope within this speciality (please note that this could be incorporated within the full stake-holder review for the new integrated model for clinical physiology – workstream 5).

4. **New health care science roles**
   - Carry out a full scoping exercise to review areas where health care science staff can take responsibility for roles currently carried out by clinical staff.

6. **A new integrated model for Clinical Physiology**
   - Complete a stakeholder review of physiology with a clear remit on the value of current practice, the potential for expansion and appropriate delivery of required tests.

Action plan

An action plan with associated timescales in included below:

Action No.	Workstream	Action	Action to be carried out by	Status	Progress / Outcome	Timescale
1.1	Streamlining health technology management	Meeting with Jackie Stephen - discuss IT enhancement of technological improvements	John O'Donnell	Done	Complete – Jackie Stephen to set up IT Users Group	Jan 2016
1.2	Streamlining health technology management	Jackie Stephen to introduce IT Users group to provide forum through which to raise and resolve issues.	Jackie Stephen	On-going	Jackie Stephen to progress	April 2016
2	Point of Care Testing (POCT) to ensure appropriate usage and clinical governance.	Meeting with Clinical Nurse Managers, Service Manager and Clinical Lead to discuss the introduction of an organisational co-ordination strategy to oversee quality of POCT within secondary care	Meeting to be organised by Heather Tait	On-going	Initial meeting to be arranged by end of February	May 2016
3.1	Demand Optimisation (DO) strategies	Collate summary of DO actions, plans and outcomes within Laboratories and Radiology to date.	JO'Donnell (JO'D) and Luis Ferrando (LF)	On-going	JO'D to liaise with LF around actions in both areas	June 2016

3.2	Demand Optimisation (DO) strategies	Review and plan further strategies for demand optimisation in all branches especially clinical physiology	J O'Donnell	On-going	Dependent on completion of above action.	November 2016
4	Identifying and developing new health care science roles	Review each health care professional group and scope potential for role expansion	J O'Donnell and Heather Tait	On-going	JO'D scoping out current professional roles	September 2016
5	A new integrated model for Clinical Physiology	Plan meeting of key stakeholders to discuss requirements of the service. Review current demand levels and systems and processes for prioritising.	J O'Donnell and Heather Tait	On-going	JO'D identifying key stakeholders.	September 2016

Recommendation

The Board is asked to **note** the self-assessment and action plan contained within this paper.

Policy/Strategy Implications	The National Delivery plan (NDP) for the healthcare science professions was launched on 11th May 2015. Following this launch, the boards were requested to develop local implementation plans by the end of 2015/16 identifying how they intend to deliver and evidence the outcomes of the NDP.
Consultation	The Clinical Lead has consulted with the Service Manager and individual services on specific actions.
Consultation with Professional Committees	The self-assessment has been developed in conjunction with the Head of Clinical Sciences and the General Manager –

	Planned Care and Commissioning. It has been presented to the Clinical Executive strategy group.
Risk Assessment	To be developed for individual workstreams.
Compliance with Board Policy requirements on Equality and Diversity	To be developed should new guidance/policy be needed.
Resource/Staffing Implications	At present workstreams are planned to be managed within current resources. However there may be a cost implication associated with the Point of Care Testing workstream. This is to be further scoped.

Approved by

Name	Designation	Name	Designation
Evelyn Rodger	Director of Nursing, Midwifery and Acute Services		

Author(s)

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