



NHS Borders Clinical Strategy

Key Principles for redesigning our services to
ensure high quality healthcare

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1. Foreword

NHS Borders provides healthcare services to our local population of 113,000. We take great pride in the delivery of healthcare to our local community and all 4000 staff who work within NHS Borders carry out their role with the aim of improving the lives of our patients and the health of our local communities.

Our vision is for NHS Borders to be a leader in the quality and safety of care we provide, doing this by the continual improvement and development of local services to meet the needs of our population. This will require innovation in the design of our services ensuring they are sustainable, equitable and fit for purpose to meet the demands of the future.

To achieve our vision we intend to continue to work with you, and to build on the strong relationships we have with Scottish Borders Council and the voluntary sector to provide services which are person-centred, seamless and integrated. In the immediate future this will require a focus on developing the right services for those in their early years of life, older people and the most vulnerable in our community.

In addition we will continue to focus on our staff, our most valuable asset, who are central to the delivery of person-centred, safe and sustainable healthcare. We will work to a common set of values which guide the work we do, the decisions we take and the way we treat each other. By promoting excellence in organisational behaviour we believe we can improve patient experience and the quality of care we provide.

NHS Borders is committed to involving volunteers and the voluntary sector to improve the outcomes for patients and carers. We will increase the range of high quality volunteering opportunities, as we recognise volunteering enhances the services we provide, has benefits for our patients and helps build stronger communities.

We acknowledge that there are challenges ahead of us. Challenges which will require us to think differently, with you and our partners, about the way we deliver our services to maintain the quality and coverage we are currently able to provide. However we intend to grasp this challenge and consider it an opportunity to innovate for the future.

We firmly believe that by ensuring the services we provide are thriving, as well as transforming the traditional models of delivery, that we can continue to deliver health services which lead the way in the Borders. By the relentless pursuit of quality within our organisation we can drive down costs and improve the effectiveness and safety of our services.

We aim to achieve our vision through our Clinical Strategy which has seven Key Principles.

We look forward to working with you to continually develop and evolve our local services across the Scottish Borders.



Calum Campbell
Chief Executive, NHS Borders



John Raine
Chairman, NHS Borders



2. Executive Summary

To accommodate the increasing demand across all of NHS Borders services will require a radical and innovative approach to how we provide them. This presents an opportunity to explore new models of care to ensure our future provision is sustainable with a focus on integration of services where possible.

We can seize this opportunity to ensure care is person-centred, integrated and responsive. We want to ensure NHS Borders is an efficient and effective organisation and our performance and quality is amongst the best in Scotland. A positive factor which will enable NHS Borders to achieve this aim is the relatively small size of the organisation meaning we can adapt more readily.

3. Overview

NHS Borders along with all other health boards are aware of the challenges in delivering reliable and responsive high quality healthcare, and in improving people's health. These include increased public expectations, changes in lifestyles, demographic change, an ageing population, new opportunities from developments in technology and information, and the current economic climate which brings with it significant financial constraints. The Clinical Strategy provides the basis for us all to focus our combined efforts on what is required to address these current and future challenges, and to ensure high quality healthcare for ourselves and for generations to come. These challenges are described below.

3.1 A Changing Population

Compared with most other areas in Scotland, population growth is a unique challenge for the Borders. The population has risen by almost 10% in the last 20 years to just over 113,000 in 2011 and is predicted to rise further. For healthcare services, an increasing local population will mean more demand for our services. There is also an expected rise in the proportion of the population aged over 65 years of age, which will also impact on our services.

Borders residents can also expect to live longer compared with other parts of Scotland. As the local population becomes increasingly elderly, there will be a rise in people with multiple and complex long term conditions, which will increase the burden on our organisation. People will from time to time have flare ups and ill health as a direct result of a long term condition. A lack of planning could mean that care is delivered in a haphazard and reactive way, and with an increasing population, our acute services are likely to become stretched beyond their limits. The system in its current form will not be able to continue to deliver high quality healthcare to meet the needs of our population.

3.2 A Changing Workforce

NHS Borders benefits from a dedicated workforce which is committed to providing the highest quality services for our patients. However our workforce itself is becoming older and we need to plan now how we will address gaps in the coming years. By 2020, approx 8% of the current workforce will be eligible to receive the state pension. Of this 8% just over 40% currently have direct clinical roles and if they choose to retire at this point, this may result in challenges in recruitment for some of our services. Plans need to be put in place now to ensure that there are no gaps or loss of expertise across our services.

In addition there are a number of changes which have been introduced across Scotland such as "Reshaping the Medical Workforce in Scotland", which is already impacting on the way we deliver services. An example of where we are now working differently because of these changes is in the Paediatric Hospital at Night service. For this service we have introduced new roles and skill mixing between the different professions, to ensure we can continue to deliver our services effectively and safely based on our workforce.

There are a number of factors which drive an urgent need to change our models of care and workforce configuration. This includes changes in patient populations, especially an increasingly elderly population, and more patients living with long term chronic conditions. Other challenges within the workforce include a new contract for doctors, the European working time directive, and an aging workforce.

The traditional model of delivering care in hospitals and in the community is very focused on care being delivered by doctors and other medics in a clinical setting. As we move towards 2020 there will be a requirement to deliver care in radically different ways, maximising self care and community support where possible and avoid hospital admissions wherever possible.

3.3 *A Changing Economic Climate*

In addition to increasing demand, as in recent years, NHS Borders will need to deliver significant efficiency savings. For NHS Borders just to stand still, we will need to make savings on the overall budget and deliver more activity with this reduced resource. Over the last 4 years we have been successful in achieving notable efficiency savings. However based on current targets between 2015 and 2020 it is estimated that a further £25 million of efficiency savings will need to be achieved.

NHS Borders has a good track record in managing its finances and is committed to continuing to do so in the future. Over the last few years NHS Borders has achieved its financial targets annually. It has also worked hard to ensure the amount of income it receives matches what it spends and therefore it has a balanced budget on a recurring basis.

Annually the Scottish Government uplifts the health budget by an inflationary percentage, however inflation in areas such as drugs is considerably greater than the general uplift. In order to fund inflationary increases greater than the general uplift and achieve a balanced budget NHS Boards must implement cash releasing efficiency savings.

The financial challenge that the public sector is embracing is clear and well understood. It is essential that our services are provided and developed appropriately within the funding available to us and for which the Board is responsible. In order to continue to deliver quality patient care the organisation must keep a firm grip on its finances as well as drive improved quality and efficiency which is critical to service delivery and public credibility. That means having a clear focus that is firmly and openly set on providing patient care that is safe, effective, sustainable and affordable.

3.4 *Focus on Health & Well-being*

To deliver effective health care services we must ensure our resources are appropriately targeted at the health needs of the population. Services must reflect the widely recognised demographic trends with a small increase in children and a large increase in the elderly. These two groups have very different health needs; the elderly have chronic multiple conditions but there is much that can be done to prevent or lessen the impact of this on the individual and service. Given the shrinking resources with which to deliver health care, services must provide value and financial sustainability; they must not only be evidenced as effective but must also be cost effective.

Demands on health care services can be reduced by improving population health and well-being. The NHS has an important focus in this along with our key partners within Scottish Borders Council and the third sector.

3.5 *Technological Capability – based on evidence*

Technology is becoming part of the majority of peoples daily lives from smartphones and digital TVs to telephones and tablet devices. They are used to using technology to undertake many aspects of their daily lives, from banking and ticket booking to on-line shopping. They want the option to undertake contact with the NHS in a similar way: to book appointments, order their medicines, access the people looking after them for advice and support and accessing their own information on-line.

Similarly, staff rightly demand technology that supports them to do their jobs and to deliver the best care as effectively as possible. Advances in technology presents us with an opportunity to really support staff in delivering new models of care, for example, remote monitoring of patients at home or in hospital, or remote access to clinical experts.

We already have good foundations and strong partnerships to ensure we are well placed to make the most of all that technology can offer to new models of patient-centred, safe care.

4. NHS Borders Clinical Strategy “Key Principles”

The seven Key Principles of our Clinical Strategy are detailed below with examples of what we mean by each of these principles.

Redesigning our services to ensure they are future-proofed and will meet the challenges outlined above will take effective leadership, teamwork and creativity. There is an opportunity for the organisation to trial innovative models, moving away from our current traditional, bed-based systems. All NHS Borders services should be patient-centred, safe, high quality, and efficient (i.e. delivered within our means). They will need to evolve rapidly to ensure that the following principles are embedded within standard practice:

1. Services will be Safe, Effective and High Quality:

- a) Patient Safety will remain NHS Borders’ number one priority and at the centre of all of our services.
- b) We will continue to develop standardised care pathways to ensure effective, high quality services, supporting staff to develop the skills to deliver them.
- c) We will continue to identify and address avoidable harm, for example, post operative infections and hospital acquired infections will become an exception within our hospitals.
- d) There will be continued work to further reduce our Hospital Standardised Mortality Ratio (HSMR).
- e) The Patient Safety programmes in both Primary and Secondary care will continue to be implemented and driven forward.
- f) Appropriate training will be provided to staff to ensure they are supported to provide safe, effective and high quality services to the patient.

2. Services will be Person-Centred and Seamless:

- a) The individual (along with family and carers) will be at the heart of new service delivery models to ensure better outcomes, as genuine partners in their treatment and care.
- b) Integration and partnership working between health, local authority and the third sector will provide better working arrangements and co-location of services, to ensure seamless care for the patient.
- c) Care will be delivered in an integrated way, with patients, carers, primary and secondary care clinicians, Social Care and the third sector working together as a team to manage conditions.
- d) There will be clear communication with patients and carers at all stages of the patient journey, and between all those involved in the treatment and care of the patient.
- e) Discharge from hospital will be smooth and timely, engaging with the patient, carers and multidisciplinary team, to reduce the risk of readmission and support safe, effective care in the community.
- f) NHS Borders will be person-centred for patients, their family/carers and staff.

- 3. Health Improvement and Prevention will be as important as treatment of illness:**
- a) Every healthcare contact will be a health improvement opportunity – NHS staff will encourage, sign-post and refer as appropriate to help patients with lifestyle changes and any wider issues that may affect their health.
 - b) Staff will receive the appropriate training and support to enable them to promote health improvement and prevention.
 - c) We will continue to strive to reduce health inequalities, by working in partnership with all Independent Contractors and Community Planning Partners.
 - d) For our patients with long term conditions, we will anticipate their needs, and strive to address any problems before they become emergencies, to avoid hospital admission where possible, (the “anticipatory care” approach).
 - e) We will work with our local authority and other partners to support people to become more resilient, take more responsibility for their own health, and to build on assets in their communities to maintain and improve their health and wellbeing. We will focus particularly on early intervention and prevention in our most deprived communities.
- 4. Services will be delivered as close to home as possible:**
- a) We will develop community services in partnership with the local authority and third sector to help people receive their treatment and care within their own communities so that they will only be admitted to hospital when clinically necessary.
 - b) Treatment and care will be provided in the most appropriate setting, which may include the GP practices, community hospitals, community pharmacies and day centres, and we will train and support staff to provide this.
 - c) We will continue the journey whereby specialist or secondary care services are increasingly provided in health centres, community hospitals or in a day care setting, (e.g. day case treatment becoming the norm for planned surgery).
 - d) We will continue to develop better alternatives to hospital admission.
- 5. As a consequence of the above principle, admission to hospital will only happen when necessary, and will be brief and smooth:**
- a) The focus for the general hospital will be the planned treatment of patients requiring surgical intervention, or the stabilisation of acutely unwell medical patients.
 - b) Admission processes will continue to be simplified and standardised with minimal delays for those requiring hospital treatment.
 - c) The goals of admission will be reached as soon as possible, with minimal time wasted waiting or queuing for expert opinions, investigations or diagnostic procedures.
 - d) Discharge from hospital will be smooth and timely, working with patients and carers to reduce the risk of readmission, by engaging local health and care services as soon as their needs allow.

6. We are committed to working in Partnership with staff, communities and other organisations to deliver the best outcomes for the people we serve:

- a) We will work with our partners in the Community Planning Partnership focusing on delivering better outcomes for the Scottish Borders and its people.
- b) We are committed to working with, listening to and valuing the views of all our staff. We will work in partnership with all our staff to ensure the provision of high quality services.
- c) The Third Sector and the Independent Sector provide many opportunities for us to work collectively to improve the health and well-being of our population. We will continue to seek and develop links with these sectors and use our collective experience to provide better services.
- d) We will continue to strengthen the links and communication between health and social care, as Partnership working will improve the experience of patients and help us to provide services more effectively and efficiently.
- e) We are committed to contributing to the spread of innovative ways of working by engaging in regional and national programmes, groups and workstreams, across NHS Scotland and beyond.
- f) Our patients, their families and carers will be at the heart of everything we do. We will continue to develop our ability to listen and act on feedback we receive and will actively engage patients and the public in improving our services.

7. Services will be delivered efficiently, within available means:

- a) The use of new technology in all aspects of healthcare will be maximised.
- b) More streamlined pathways of care to reduce delays and wastage and improve the patient experience.
- c) Treatments and service provision will take account of evidence, cost effectiveness and opportunity costs.
- d) NHS Borders subscribes to the development of a Fair and Just culture to ensure that all staff in the workforce feel valued and supported in delivering both the current service and pursuing the necessary changes.

These principles are in line and fully support the 2020 vision for Healthcare in Scotland. The vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting. We will have a healthcare system where we have integrated health and social care, a focus on early intervention and prevention and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with no risk of re-admission.