

NHS Greater Glasgow & Clyde

NHSGGC Board

16 October 2018

Jennifer Armstrong , Medical Director



Paper No: 18/48

**MOVING FORWARD TOGETHER: IMPLEMENTATION PHASE UPDATE**

**Recommendation:-**

The Board is asked to note the attached update on the progress made toward implementing the Moving Forward Together Blueprint for the Future Delivery of Health and Social Care approved by the NHSGGC Board on 24 June 2018.

**Purpose of Paper:-**

To update the Board on the progress made during the implementation phase of the MFT Programme.

**Key Issues to be considered:-**

The requirement for GGC to develop an implementation plan, for the National Clinical Strategy and the National Health and Social Care Delivery Plan.

**Any Patient Safety /Patient Experience Issues:-**

No issues in the immediate term, however the outcome of the completed Programme will contribute to GGC's delivery of the Scottish Government aim of Better Care.

**Any Financial Implications from this Paper:-**

No issues in the immediate term, however the outcome of the completed Programme will contribute to GGC's delivery of the Scottish Government aim of Better Value.

**Any Staffing Implications from this Paper:-**

No issues in the immediate term, however the outcome of the completed Programme could recommend changes to our workforce.

**Any Equality Implications from this Paper:-**

No issues.

**Any Health Inequalities Implications from this Paper:-**

No issues in the immediate term, however the outcome of the completed Programme will contribute to GGC's delivery of improved health equality.

**Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-**

No.

**Highlight the Corporate Plan priorities to which your paper relates:-**

Develop a new five year Transformational Plan for the NHS Board working in partnership with other key stakeholders and taking cognisance of the key local and national strategies, including the Health and Social Care Delivery Plan

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**Date – 16 October 2018**

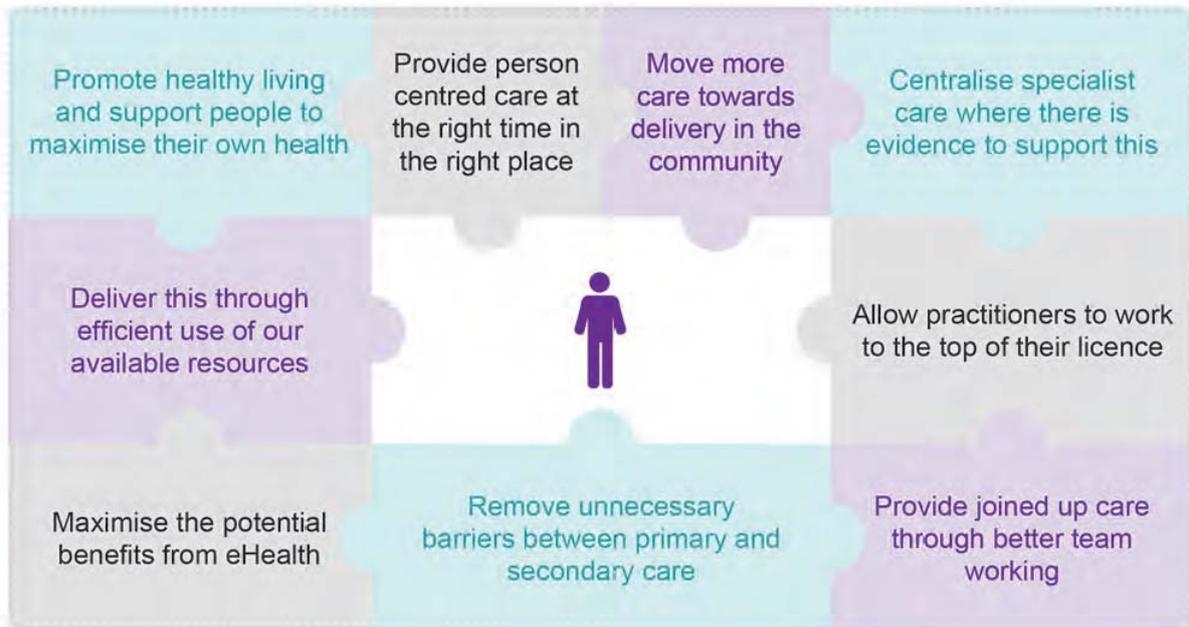
**MOVING FORWARD TOGETHER: BLUEPRINT FOR HEALTH AND SOCIAL CARE SERVICES**

On 24 June 2018 the NHSGGC Board approved the Moving Forward Together(MFT) Vision for Health and Social Care services as the blueprint for the development of future models of care.

The MFT principles through which the blueprint was developed are summarised below;



The vision contains the following key delivery elements which together form the Blueprint:



## **MOVING FORWARD TOGETHER: IMPLEMENTATION PHASE UPDATE**

### **Summary**

Since the approval of the MFT Blueprint in June 2018, the Programme has had five main areas of focus

- The presentation of the Blueprint to the 6 Integration Joint Boards (IJB) to ensure alignment of the Blueprint with IJB Strategic Plans.
  - Completed on 19 September 2018
- The development and agreement of the Implementation Phase Programme Process
  - Agreed by the Programme Board on 3 August 2018 and presented to CMT for approval on 11 October 2018
- The appointment of a Programme Director and Programme Support
  - Programme Director appointed on 10 September 2018 as the MFT Lead
  - Executive Group meetings scheduled for 12 October and 23 October 2018
  - Work Stream meetings to take place in October 2018
  - A recruitment process is underway for a Programme Management Officer
- The appointment of Corporate Management Team and senior clinical leadership to the Programme Work Streams
  - The Programme Board endorsed on 28 September 2018 for CMT approval on 11 October 2018
- The development and approval of the Communications and Engagement Framework
  - Which was discussed by Programme Board on 28 September 2018 and Executive Group on 12 October 2018

There has also been progress on a number of West of Scotland Programmes including work on the development of a WOS Cancer Strategy and work to progress the emerging model for the Major Trauma Network.

### **NHSGGC and IJB Approval Process**

The MFT Blueprint for the Health and Social Care Services was approved by the NHSGGC Board on 24 June 2018 and has now been presented at the 6 IJB's.

As part of the approval the NHSGGC Board agreed to:

- Support Moving Forward Together to develop, in partnership with our wide range of stakeholders, a series of fully detailed and costed proposals for consideration which will support progress toward the ultimate realisation of the Vision described in this Strategy.
- develop a cross system structure empowered to generate these proposals through executive, managerial and clinical senior leadership and the engagement with our operational staff, advisory structures and our population.

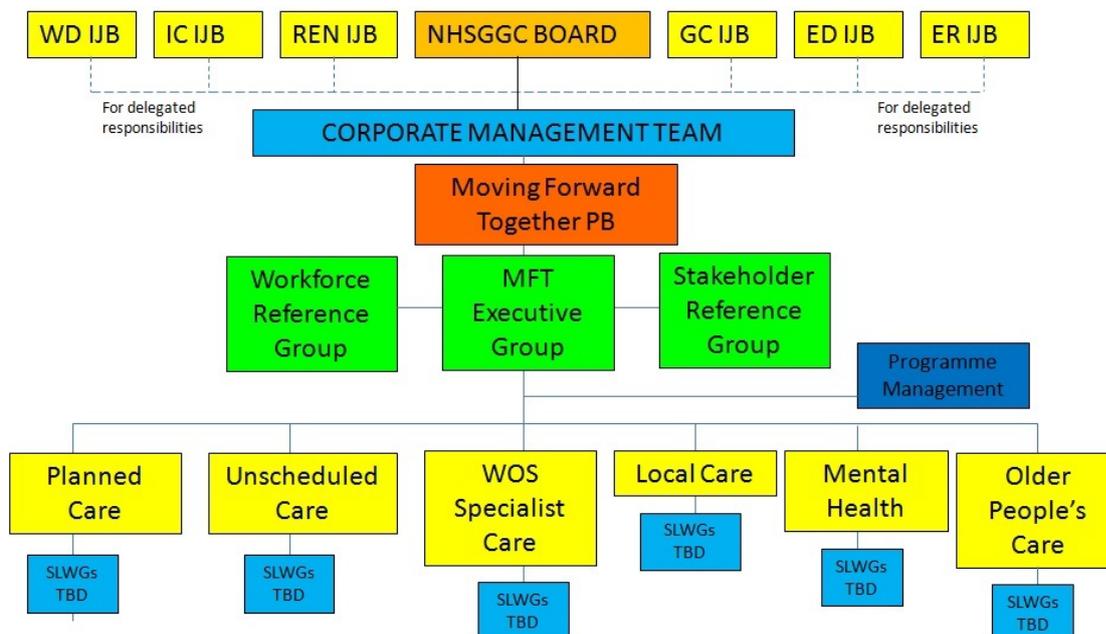
This support to develop a proposal for a MFT Programme Implementation Phase was then taken forward in collaboration with the input of key stakeholders from the Corporate Management Team.

**Implementation Phase Process**

On 3<sup>rd</sup> August 2018 the MFT Programme Board discussed and agreed a proposed Programme Structure. The structure was based on the following principles:

- A programme structure designed to be take forward the short and medium development of the MFT Blueprint.
- Six overarching whole system pathway centred work streams with cross system senior manager and clinical leadership
  - Unscheduled Care
  - Planned and Cancer Care
  - Older People’s care
  - Local Care
  - Mental Health
  - WOS Services
- Short life working groups commissioned by the work streams to develop clinically led proposals.
- Alignment to MFT principles and contributing to the delivery of GGC corporate objectives.
- Strategic transformational change projects under the sponsorship of a MFT work stream.
- A tiered structure to support whole system cohesive decision making by NHS Board and IJBs.
- The continuation of the stakeholder reference and working groups to support staff and public engagement.
- An Executive Group with responsibility for coordination of work stream outcomes and alignment to wider Corporate Objectives.
- Working in partnership with relevant staff and the Board’s Advisory Structure

The agreed structure is shown below.



The key elements to success which underpin the structure were agreed as:

**Programme Board (PB):** Governance, Direction, Guidance, External Stakeholder Management, sponsoring of discussion of proposals at Board Workshops/ Seminars and leading the Work Streams,

**Cross system senior managerial and clinical**

**Clinical/Service Leadership:** Building on the work of the Vision Phase of MFT

**Stakeholder engagement:** With our population, our Staff, our Local Authorities, our local Politicians and other key stakeholders; including a robust Strategic Reference Group for option appraisal in support of Scottish Health Council processes.

**Planning and Operational Support to the Work Streams:** this will ensure that the work streams are able to utilise their skills to develop proposals as appropriate

**Workforce Planning:** Supporting Work Streams to ensure the workforce plans are developed for clinical service delivery.

**Financial Analysis and Projection:** Maintaining a focus on affordability, sustainability and deliverability

**Capital Planning:** Ensuring that the Board's capital plan is aligned to support MFT

**Business Intelligence:** Supporting the options and proposal development across the system

**eHealth:** Supporting the overall process and embedded in work streams

**Realistic Medicine and QI:** Shaping proposals for optimisation of quality and ensure that the principles set out in Realistic Medicine inform the proposals

The Programme Board also agreed three priority areas which will shape the focus of the work streams when they are established. The key aim is to ensure that services reflect and are responsive to the needs of our population over the coming decade with service users at the centre of all that we do.

**Maximising Primary and Community Care and Virtual Care Opportunities**

- An assessment which takes into account the **projected changes already set out in the IJB Strategic Plans** and current reviews.
- For each of the 6 IJBs; the production of detailed and costed options and proposals for new models of care, new workforce and new facilities which would support the MFT Vision of an enhanced integrated community based network of services.
- A consequential impact assessment of these proposed changes in terms of activity movement between primary, community and hospital based care.

### **West of Scotland Service Configuration**

- Actively participating in WoS planning, and assessing the opportunities and impact on GGC of the Regional Design proposition, including but not limited to;
- Major Trauma Network
- WOS Cancer Strategy, including SACT Surgery and Radiotherapy, Community Outreach Cancer Units and the Cancer Centre
- WOS Clinical Networks for Vascular, Ophthalmology, Urology and other specialties
- Other priorities emerging from the four WoS workstreams.

### **Optimising Hospital Based Services**

- Concluding the current service reviews as part of the extant LDP including gynaecology, orthopaedics and breast services
- Using the projected changes across the WOS, the future demand and the intended shift in the balance of care to develop options for the future hospital infrastructure configuration.

### **These areas of focus are common to all work streams.**

In developing proposals under these three priorities the work streams will be focussing on developing detailed and costed proposals, which are aligned to the MFT principles and contribute to the whole system delivery of the approved blueprint for health and social care services. There will be particular emphasis on designing new clinically driven models which bring the benefit of sustainable, high quality patient care.

### **Corporate Management Team (CMT) Leadership and Support**

In recognition of the challenge in delivering the implementation phase of MFT, it was decided that the most senior executive, clinical and operational leadership within the organisation would be aligned to the Programme.

Each work stream will be co-chaired by a CMT member and a senior clinical leader and each work stream will have an aligned Acute Division Operational Director.

Planning support for each work stream will be provided from both the Acute Planning and HSCP Planning structures.

The final allocation of the leaders to work streams was endorsed by the Programme Board on 28 September and it was agreed that this would allow those co-chairs to establish their work stream teams pending formal approval by CMT. Final approval is due at CMT on 11 October 2018.

This leadership allocation is detailed below, This allocation endows the Programme with a senior leadership team comprised from IJB Chief Officers, Acute Directors and Senior Clinical Leaders from Acute and Primary Care.

<b>MFT Programme Workstream Leadership</b>		
<b>Planned Care Workstream</b>		
<b>Co –chair</b>	<b>Co-chair</b>	<b>Acute Director</b>
Chief Officer- West Dunbartonshire HSCP  Programme Director- MFT	Clinical Director- Glasgow City	Director- South Sector
<b>Unscheduled Care Workstream</b>		
Chief Officer- Glasgow City HSCP	Chief Of Medicine- Clyde Sector	Director- North Sector
<b>West of Scotland Workstream</b>		
Director – Regional Services  Chief Officer- East Dunbartonshire HSCP	Chief Of Medicine – Regional Services	Director- Women and Children’s
<b>Local Care Workstream</b>		
Chief Officer- Inverclyde HSCP	Chief Of Medicine- South Sector	General Manager Diagnostics
<b>Mental Health Workstream</b>		
Chief Officer- Renfrewshire HSCP	Lead Associate Medical Director- Mental Health	Director Diagnostics and Labs
<b>Older Peoples Workstream</b>		
Chief Officer- East Renfrewshire HSCP	Director of Allied Health Professionals	Director- Clyde Sector

Each work stream will develop and prepare for the Programme Board’s consideration specific change proposals, option development and option appraisals, which have been refined through engagement with the staff delivering those service and those people likely to be affected by the proposal whether that be a clinical cohort or geographical area.

The work streams chairs will ensure that each proposal is aligned to the MFT approved principles and the GGC Corporate Objectives with a particular focus on quality of care, affordability and sustainability.

The programme is led by the Chief Executive of NHS GGC. The Medical Director will continue to provide executive leadership to the programme to ensure it remains focussed and on track to develop high quality, clinically led proposals which are consistent with the MFT blueprint.

The MFT Executive Group is a new group chaired by the newly appointed Programme Director and with membership of the Work Stream and Reference Group Chairs/Leads along with the Deputy Medical Director, the Director of HR and OD, a Senior Finance Manager, Senior Managers from e-Health and Programme Management support. This is a very senior group who will give the Programme the leadership capability to deliver the implementation phase. This group also has access to the capacity in terms of operational planning, workforce planning, finance and costing expertise and the extensive clinical and professional networks to support the Programme.

This group will review the progress of the Programme and ensure that work stream products are aligned prior to the Programme Board.

The most important role of the MFT Programme Executive Group will be the coordination of the work streams to ensure the programme is delivered in a way that avoids duplication yet provides a comprehensive and coherent series of projects that when taken as a whole contribute to the delivery of the MFT Vision as approved by the NHSGGC Board.

The Executive Group will coordinate the activity of the work streams, allocating projects to the work streams and maintaining coherence across the work streams to ensure the Programme Board receives proposals which are coherent and complementary.

Key actions of the Programme Executive Group include but are not limited to:

- Coordination of the work streams to ensure they contribute to the delivery of GGC Corporate Objectives
- Coordinate the work stream priorities for the Programme Board
- Review the work stream generated detailed and costed change proposals for alignment to the MFT Vision and priorities prior to submission to the Programme Board.
- Facilitating change and championing the work of the Programme with internal and external stakeholders
- Monitoring the overall progress of the Programme Plan
- Sponsoring the resource and expertise required to deliver the Work Stream Plan Programme
- Acting as the coordinating body for the range of Health and Social Care service changes underway across the Programme within the scope of the Work Stream
- Providing alignment with other key programmes across Health and Social Care
- Discussing and resolving any conflicts escalated by the Work Streams
- Providing a forum to discuss and approve for consideration by the Programme Board all option appraisal outcomes generated across the Programme
- Providing a forum to discuss and approve for consideration by the Programme Board all emerging business cases generated across the Programme

- Providing a forum to discuss and approve for consideration by the Programme Board all emerging Scottish Health Council major service change submissions generated across the Programme

The first meetings of the Executive Group are scheduled for October with the subsequent establishment of work stream groups thereafter.

The composition of the work stream groups will be at the discretion of the agreed work stream leadership.

It is anticipated that each of the work streams will develop initial proposals in small groups supported by senior planners and thereafter engage with a wider network of key stakeholders including the NHSGGC Board via focussed seminars to shape the proposals.

Each work stream proposal will be further developed through engagement with a wider whole system reference group to ensure proposals are seen in the wider context and are coherent across health and social care services as envisaged in the MFT Blueprint.

## Work Stream Reference Group Membership

To be agreed by Work Stream Lead

- **Work Stream Chair (PB/CMT)**
- **Deputy Chairs (Clinical leader)**
- **Programme Management**
- Acute Clinical Lead
- GP Clinical Lead
- Community Clinical Lead
- Diagnostics Lead
- Pharmacy Lead
- Nursing Lead
- AHP Lead
- Acute Division GMS
- **Acute Head of Planning**
- Acute Planning Manager
- **HSCP Head of Planning**
- HSCP Representatives
- **eHealth Lead**
- **Workforce Lead**
- Capital Planning Lead
- **Finance Lead**
- Business Intelligence
- **Partnership Representative**
- Scottish Ambulance Service Lead
- NHS 24 Representative
- Community Planning Representative
- WOS Planning

### Programme Implementation Process

A detailed implementation process has been developed and agreed with the Corporate Management Team. This process will support the work streams in developing clinically led proposals for change in partnership and through engagement with our population, our staff and trade unions, our advisory bodies and with members of our NHSGGC Board and Integration Joint Boards.

These proposals will be aligned to the MFT principles and will contribute to the overall delivery of the MFT Vision.

## **Stakeholder Involvement and Communication**

As part of the continued MFT focus on robust and transparent Stakeholder Communications and Engagement, a framework for the implementation phase has been developed which has been discussed by the MFT Programme Board on 28 September 2018 and is now being considered by the Executive Group before approval by CMT.

Recognising the scope of the Programme we will plan how we involve and communicate with our stakeholders in phases to incorporate learning to ensure maximum reach and impact. Phase 1 will commence with 16 October Board Meeting and is designed to; raise awareness of Moving Forward Together and the Vision for health and social care it sets out; and to encourage and promote widespread participation and hear feedback about the principles that underpin the Programme

A detailed communication and engagement plan has been prepared and is due for consideration by the Executive Group on 12 October 2018.

The Strategic Reference Group is scheduled to meet with the Programme Director on 30 October to discuss the proposed long term communications and engagement approach.

This approach reflects the lessons learned from the earlier communications and engagement process developed during the process to develop the blueprint and covers each of the key stakeholder groups including our population, patients and carers, their localities and third sector organisations, our staff and trade unions, our local authority partners, our professional advisory bodies, local and national media and local and national politicians

### **Background**

The focus throughout MFT is to build services that meet the future needs of our population and to develop service models which reflect the views of our people, patients and carers.

Legislation set out in the Community Empowerment (Scotland) Act and the Patients Rights (Scotland) Act state that NHS Boards, as public bodies, have a duty to involve people in the design, development and delivery of the health care services they provide for them. To fulfil our responsibilities for public involvement, we should routinely communicate with and involve the people and communities we serve to inform them about our plans and performance.

Additionally when a NHS Board proposes service change it needs to adhere to the existing guidance and principles set out in the Scottish Government Health Directorate CEL 4(2010). The CEL 4(2010) sets out the phases and process that need to be applied, proportionately, by a Board to any service change they propose. It states that NHS Boards are responsible for ensuring:

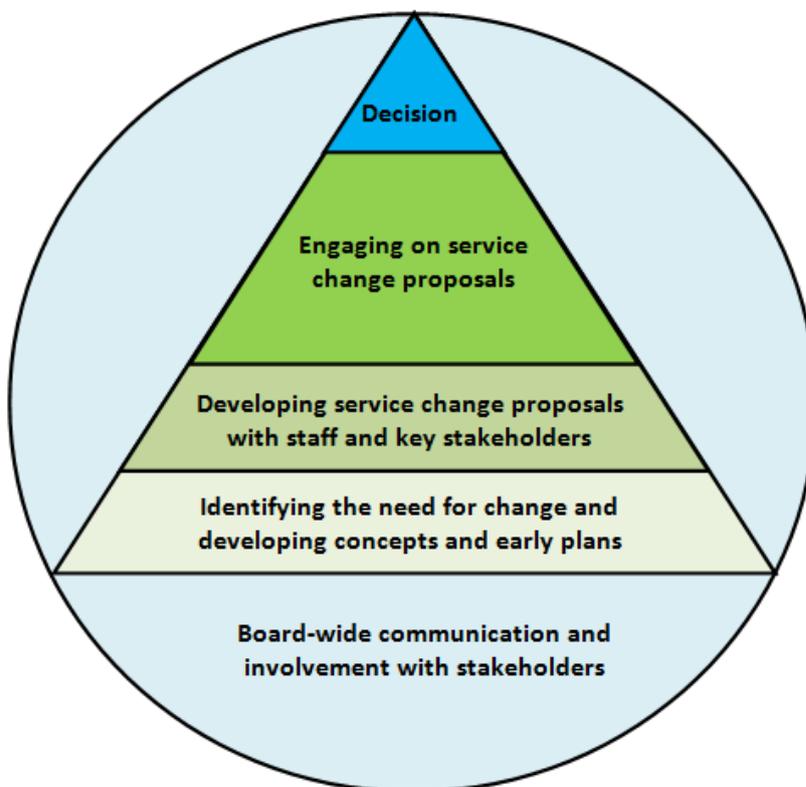
- That engagement processes and activities are fully accessible
- That any potential adverse impact on equality groups must be taken into account by undertaking an equality impact assessment.

They should also inform potentially affected people, staff and communities of their proposal and detail how they:

- Will involve them in the development and appraisal of options
- Will involve them in a consultation of any agreed options
- Will reach any final decision evidencing the impact public involvement had on this

In order to be successful any engagement on service change proposals need to be built on a foundation of robust clinically led, person centred proposals. Concepts and early plans need to be informed by the experience of patients and carers and at the earliest opportunity developed as a change proposal alongside the relevant key stakeholders potentially affected by it. This approach is summarised in the Figure 1 below.

**Figure 1: Engagement dependencies and supports**



We developed the Vision described in the MFT document by engaging with and working in partnership with our public, our staff and wider stakeholders through existing communications channels and by establishing new mechanisms and building relationships.

It is our intention that, as we move towards implementing the Vision, the plans for new ways of working and service delivery models emerging from the Programme will grow naturally from our routine communication and dialogue with our stakeholders.

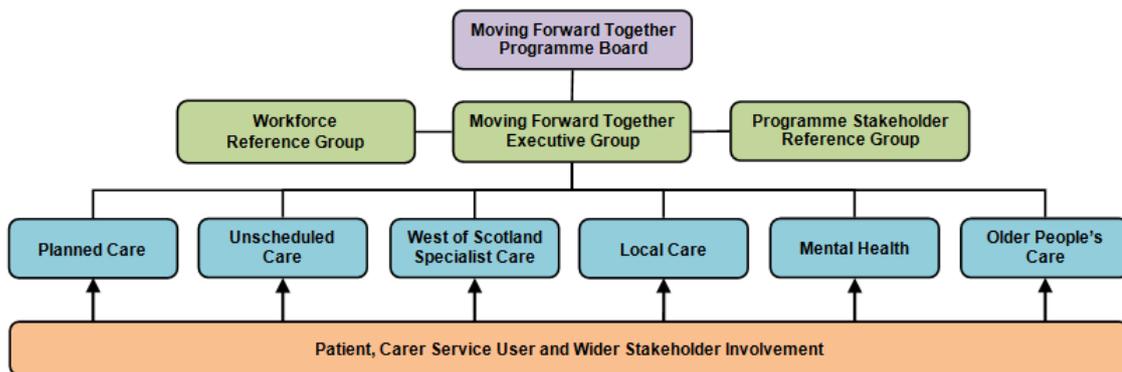
To do this we will develop a comprehensive Stakeholder Involvement and Communications Plan that will set out how we intend to engage with people and have conversations that enable them to influence thinking and decision making about how we will deliver health and social care services that are optimised as safe, effective, person centred and sustainable focussed on meeting the current and future needs of our population.

**Programme Implementation: Stakeholder Involvement and Communication**

With the Programme now authorised to develop options and proposals we recognise the absolute need for effective engagement that enables us to work in partnership with people to redesign services and realise the Vision set out within MFT. Critical to this will be consistent and ongoing communication and involvement with stakeholder to build on what has been achieved to date.

With the Programme adopting the structure illustrated in Figure 2 below, there will be a Programme Stakeholder Reference Group informed by with 6 Workstreams that are in turn directly informed by the experience and feedback of those most affected by any proposal with further views sought from the wider public and stakeholders.

**Figure 2: Structure and Work Streams: Programme Level Involvement**



New models of service delivery for each Workstream will be developed in partnership with those most affected by any potential change to them and informed by engaging with the wider public and stakeholders. Each Workstream will establish a representative reference group to provide the relevant views and experience necessary to ensure proposals best meet the needs of those directly affected by them.

We will adhere to Scottish Government Health Directorate guidance to meet our legislative responsibilities to inform, engage and consult on service change proposals. More importantly, we will strive to meaningfully engage with people across all aspects of the Programme to fundamentally increase their understanding of why change is essential and ensure effective public involvement is central to how we redesign services.

**Programme Stakeholder Involvement and Communication**

We will develop a comprehensive Involvement and Communication Plan that describes how we will inform and engage with stakeholders on the overall MFT Programme. In turn, each Work stream will also develop a supplementary Involvement and Communication Plan to

identify the most effective way to engage with and hear the views and experience of those affected by any proposals that arise via them.

The intelligence and feedback from the Workstreams will feed into a Programme Stakeholder Reference Group established to provide guidance and direction on the development of key themes, objectives and milestones for the overall Programme and the optimal methods to communicate these to better inform and engage with a wider audience.

The Programme Stakeholder Reference Group will run alongside a Workforce Reference Group that will engage with staff to utilise their knowledge and expertise and hear their ideas about how we develop new models of care. In addition and recognising the important role our staff have in engaging directly with those using services we will look to support them to have initial conversations to raise awareness of the Programme and encourage participation.

### **Moving Forward Together: West of Scotland Work Stream Update**

Two of the major pieces of work which will be taken forward through the Moving Forward Together Programme in collaboration with the West of Scotland Planning Programme will be the establishment of a Major Trauma Network for the West of Scotland and the development of a comprehensive West of Scotland Cancer Strategy.

### **Major Trauma Network**

#### **Background Timeline**

#### **2014 – 2016**

The Scottish Trauma Network Group was established to consider the implications of establishing a Scottish Major Trauma Network. Standards were developed which were based on the standards used in England when developing their model and regions submitted outline plans for development of networks at this time.

#### **2017**

A number of national sub groups were established to review and develop standards for the following

- a. Pre-Hospital
- b. Education and Training
- c. Rehabilitation
- d. Paediatrics

#### **2017**

A set of “minimum requirements” were agreed for Major Trauma Centres and Trauma Units, which would allow both the North and East of Scotland to go live as Major Trauma Centres by Autumn 2018, with an understanding that over a phased period the networks would aim to achieve the standards

#### **December 2017**

The Minister for Health agreed a 5 year phased funding approach to the development of the networks across Scotland, this was based on meeting the minimum requirements and was focussed on major trauma centres with a recognition that further funding would be required to develop the Rehabilitation models and trauma units. The West of Scotland proportion of the £27m committed is £10.1m recurring revenue which included an allocation for Clinical Leads for Trauma Units and resource for Paediatrics.

## **July 2018**

Scottish Trauma Network Steering Group endorsed

- a. Minimum requirements for Trauma Units, Rehabilitation (Adult) and Paediatrics
- b. SAS Trauma Triage Tool.

## **August 2018**

- c. Funding bids for Trauma Units, Rehabilitation and Paediatrics were submitted to an Extraordinary meeting of STN and endorsed
- d. West of Scotland Health & Social Care Programme Board (Chair John Burns) - Paper presented outlining model and progress and funding bids for creation of West MTN – endorsed

## **September 2018**

National Rehabilitation Group confirmed that the Rehabilitation model outlined for the West of Scotland was consistent with good practice, evidence based models from elsewhere and those being adopted by other regions in Scotland and that this would meet the minimum requirements of the network.

## **21<sup>st</sup> September 2018**

Updated revenue and capital bids to be submitted to Scottish Government for approval/discussion within the budget setting exercise – these will be prioritised over a 3 year phased plan.

## **West of Scotland Trauma Network Model**

The network will provide all aspects of trauma care, from the point of injury to rehabilitation. The Rehab model is a Hub and Spoke provision of specialist rehabilitation - ensuring complex rehabilitation needs are met for Major Trauma patients from Day 1.

The model has three key aspects -

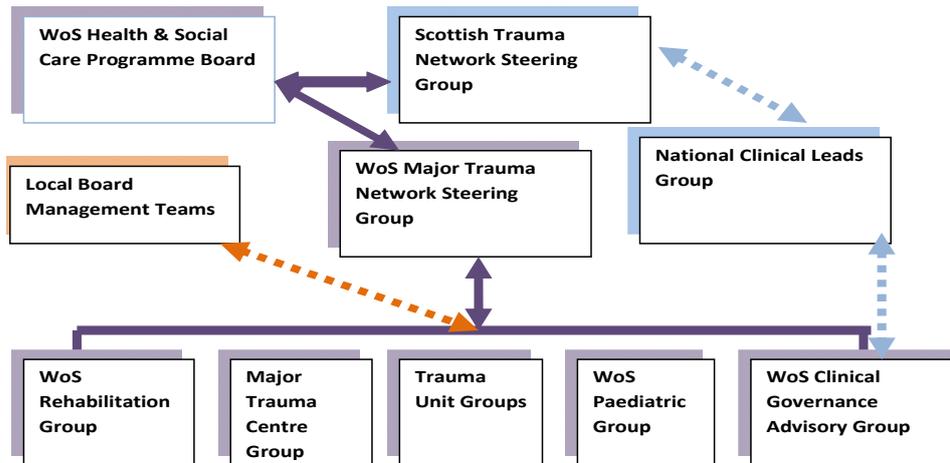
- a. WoS Specialist Rehabilitation Service Network - all Boards supported through a specialist regional network to provide outreach / in reach across WOS
- b. Hyper Acute Unit will deliver new model of care for WOS i.e. a Level 1 (BSRM defined) Specialist Rehabilitation Unit with appropriately skilled MDT to deliver early assessment and rehab interventions at appropriate intensity and liaison with bespoke teams
- c. Level 2 (BSRM) Board Rehabilitation Services

The Major Trauma Centre will be at QEUH and will provide care for approx 450-550 critically and severely injured patients per annum, plus approx 450-550 moderately injured patients due to over triage.

The Paediatric Major Trauma Centre which will be located in RHC.

The MTC will be supported by six Trauma Units and a range of Local Emergency/Remote and Rural Hospitals.

The following diagram provides a visual of the Governance structure for the network.



### Timeline for delivery of network

The following is a summary of proposed key time points for delivery of aspects of the network :

- 2018/19
  - MTC
    - continue to develop operational policy/progress work of sub groups
    - Major Trauma Ward – options appraisal location
    - recruitment to clinical lead posts
    - recruitment of key nurse practitioner roles
  - Rehabilitation Model – endorse costed model; establish sub groups to progress
  - Establish West of Scotland Clinical Governance Group
  - Trauma Unit model – endorse costed model; set up Trauma Unit Groups
- 2019/20
  - Trauma Units achieve standards and ready to operate
  - Agree Repatriation and secondary transfer protocols
  - Recruitment process ongoing
  - Hyper Acute Unit – location - endorse
- 2020/21
  - Paediatric MTC go live
  - Ongoing development of rehabilitation model to be fully in place in local Board areas
  - Hyper acute unit operational policy finalised and ward in place
- 2021/22
  - MTC go live in April 2021 for GGC Catchment area to test pathways and processes
  - MTC go live end March 2022 for West of Scotland
  - Clinical Governance Forum in place

### Next Steps

This work along will be coordinated and taken forward through the MFT West of Scotland and Unscheduled Care work streams to develop delivery options and will be included in the overall MFT Communications and Engagement process.

## **West of Scotland Systematic Anti Cancer Therapy Strategy (SACT)**

The National Strategy ‘Beating Cancer: Ambition and Action’ sets out the aims of improving prevention, detection, diagnosis, treatment and after care for people affected by cancer. The Cancer Strategy highlights the challenging background against which these aims need to be delivered with two out of five people developing cancer at some point in their lives. At the same time, with improved screening, earlier detection, better diagnosis and continuing advances in treatment, more people than ever are surviving cancer.

### **Drivers for Change**

There are a number of drivers which mean the current service model is not fit for the future.

- Incidence of cancer has increased by 14% in last decade and is expected to increase by 27% by 2027.
- Survival continues to improve with advances in treatment and earlier diagnosis.
- There has been a year on year increase in demand for Systemic Anti-Cancer Therapy (SACT), with data demonstrating a 31% increase in total episodes of SACT delivered in the West of Scotland (WoS) from 2013 to 2016.
- Demand for SACT is expected to continue to increase with modelling predicting a further increase of 40% in SACT activity by 2025.
- Increases in demand necessitate a significant change in the current capacity otherwise this will result in an unsustainable position and increased pressure on current infrastructure and workforce, leading to impact on waiting times, patient experience and outcomes.
- Mode of treatment delivery is evolving with an increasing number of treatments given orally or subcutaneously instead of, or more often in addition to, the intravenous route.
- Evolution in mode of administration will determine the infrastructure needed for treatment delivery, and influence the configuration of the workforce. This supports a shift in the model of care with more people being treated at, or near, to home.

### **Strategic Review**

In recognition of the need to ensure safe and sustainable services whilst meeting this increasing demand for SACT the WoS NHS Boards and Regional Planning Group (RPG) established a project team to determine the short and medium term developments and redesign required to safely and effectively meet current and future demands.

An interim report on progress with Phase 1 of the project was submitted to RPG in February 2016, this made a number of recommendations which were fully supported. Furthermore, the RPG recommended a strategic review of SACT services and development of a future service model for SACT delivery. This paper provides output of the Phase 2 work stream, which is supported by WoS Boards, Directors of Pharmacy, Nursing and Medicine.

### **Phase 1 Progress**

Phase 1 identified a range of areas where improvement could be made within current resource to ease service pressures in the short term, specifically recommending: Review and redesign whole patient system flow, to maximise efficiency and ease pressures by flattening out peaks in activity and optimising use of physical resource;

- Review of skill mix to maximise use of existing nurse and pharmacists resource, including the utilisation of non-medical prescribers; and

- Review current usage of pre-filled products across the Region and bring forward recommendations to maximise use to best support service delivery.

Progress to address Phase 1 recommendations and increase efficiency within units delivering SACT has been made, however this has been variable across WoS Boards. This means that we are still not maximising the use of existing resource and continue to experience service pressures.

In order to meet the current and on-going increase in demand for SACT, work to further develop existing services requires to be prioritised to ensure safe and sustainable service provision.

### Strategic Vision

The ultimate aim of the West of Scotland Strategic Review of SACT Services is to ensure high quality, safe and sustainable SACT services across the West of Scotland.

The emerging service model aims to:

- Improve patient experience and outcomes;
- Deliver treatment in the most clinically appropriate place;
- Ensure consistency of pathways and processes;
- Provide equitable access to treatment, including access to clinical trials; and
- Optimise resource use.

### The Emerging Model of Care

There is high quality evidence to support the implementation of a model of care which builds capacity across settings to ensure appropriate level of specialist care available to patients as close to home as possible. A tiered approach to SACT service delivery which expands upon the existing hub and spoke model is proposed.

In the medium term, the emerging service model would result in a tiered approach to care within the cancer centre and cancer units in the WoS with an increase of SACT outreach and community delivery models.. This stratified model of care will:

- Allow optimum care with most efficient use of resource;
- Develop community based and outreach SACT services closer to patients home; and
- Improve resilience and optimise resource use, facilitating local treatment of rarer cancers where appropriate.

In order to realise the emerging model of care a number of specific recommendations are proposed:

- Implement non medical prescriber led pre-assessment and prescribing of SACT across all relevant patient groups. This will ensure cost efficient roles and optimisation of both the non medical prescribing and medical workforce.
- Implement models of central assessment and local delivery for some rare cancers, currently treated at cancer centre, to optimise use of existing cancer centre and cancer units estates and infrastructure.
- Assess feasibility of repatriation of some less common cancers from cancer centre to cancer units to release capacity in the cancer centre to focus on more complex treatments and clinical trials.

In developing outreach services for all relevant treatments, it is estimated that approximately 50% of activity is amenable to outreach delivery. This will maximise the use of existing estates, release capacity in cancer centre/units and ensure patients receive care closer to home, where feasible and safe to do so. We will:

- Implement and further develop shared care models of monitoring and prescribing, to increase efficiency in outpatient clinics and strengthen linkages between secondary and primary care.
- Maximise use of community dispensing of oral SACT to promote integrated working and ease hospital dispensary pressures.

### **Next Steps**

The Regional SACT Future Service Delivery Strategic Review sets out the current status of SACT services across the WoS and details a new model of care which will build capacity across settings to ensure appropriate level of specialist care is available to patients as close to home as possible.

This work along with the emerging West of Scotland strategic view on cancer surgery and radiotherapy will bring together a comprehensive cancer strategy which will be a key part of the Moving Forward Together Programme and will be included in the overall MFT Communications and Engagement process.