

NHS Board Accounts: 2014-15 questionnaire

NHS 24

Service development

1. Please give THREE examples of services that:

(a) you plan to develop in 2014-15 (territorial boards should list local service developments, rather than national programmes)

Service	Expenditure	Planned expenditure
	2013-14 £000	2014-15 £000
Living it Up (already in progress)	£3.282m	£3.279m
Patient Reminder Service (already in progress)	£0.080m	£0.174m
Musculoskeletal (MSK) Service (already in progress)	£0.339m	£0.376m

(b) you would like to develop if you had additional funding i.e. what is next on your list of priorities? (territorial boards should list local service developments, rather than national programmes)

- National rollout of Patient Reminder Services
- Increased multi-channel capability and development of digital health services in Europe

(c) you plan to withdraw, restrict or reform in 2014-15 (please provide reason(s) and anticipated savings in 2014-15) (territorial boards should list local service developments, rather than national programmes).

None

2. During 2014-15, do you plan to consult on the delivery of any specific services i.e. those resulting in significant service change?

No

Preventative spending

3. What specific preventative health programmes are included in your budget plans for 2014-15? (please give details of planned NHS board expenditure **over and above any ring-fenced allocations** in 2014-15 compared with 2013-14 within the categories shown)

NHS 24's major preventative programmes are the likes of NHS Inform, Be Ready for Winter / Easter and SCTT, but we don't spend anything above the ring fenced allocations aside from a small contribution for Winter / Easter. We do receive monies for Smokeline, but again don't spend above the funded level. Likewise we have very small allocations for Sexual Health and Alcohol.

4. With regard to assessment of preventative spend programmes:

(a) What savings do you anticipate that these preventative spend programmes will deliver over the next 5-10 years (please provide specific examples)

Generally the preventative spending would result in benefit to territorial Health Boards, but it is not anticipated to reduce NHS 24's core call demand.

(b) Are the results of any such assessments reflected in your financial planning? (Please give any specific examples of how financial plans have been adjusted to reflect potential savings)

No savings are reflected within NHS 24's budget specifically.

Change Fund / Integration Fund

5. With regard to the Change Funds:

(a) Please give examples of THREE services that will be funded using Change Funds in 2014-15? (please include details of Change Fund spending on these services in 2013-14 and 2014-15 and related outcomes)

None – no funding anticipated by NHS 24

(b) Have these programmes/services been evaluated? (If so, please provide details)

N/A

(c) Do you plan to continue to fund these services in 2015-16 through the Integration Fund?

N/A

6. Can you give examples of any specific services that you are developing with local authority and/or third sector parties as a result of the planned Integration Fund (please provide details of the service, along with planned investment by each partner)?

N/A

Reducing inequalities

7. What specific programmes are aimed at reducing inequalities? (please include details of THREE services in the format shown below)

Programme	Expenditure 2013-14 £000	Planned expenditure 2014-15 £000	Outcome measures	Progress on outcome measures
Scottish Centre for Telehealth & Telecare	£1.337m	£1.339m	Key Performance Indicators	Management Information goes to Steering Groups
Health Information Services	£1.323m	£1.453m	Key Performance Indicators	Management Information goes to Steering Groups
Breathing Space	£1.145m	£1.219m	Key Performance Indicators	Management Information goes to Steering Groups

KPI's are in place together with regular monitoring by the NHS 24 Executive Team and Senior Managers. Regular Committee/Steering Group meetings take place to monitor governance, performance etc.

Management Information analysis is available where appropriate together with full documentation of all Committee/Steering Group meetings.

Backlog maintenance

8. Please provide details of the THREE main actions in 2014-15 that will address backlog maintenance, providing:

(a) details of the action (investment/disposal etc.);

N/A. NHS 24 currently has no backlog maintenance.

(b) planned expenditure/receipts from this action in 2014-15; and

N/A

(c) the impact this will have on your overall level of backlog maintenance (high/medium/low risk)

N/A

(d) what proportion does your planned spending on backlog maintenance in 2014-15 represent of your total capital budget?

N/A

Brokerage

9. (a) Did you have any brokerage in 2013-14?

Yes

(b) If YES, was this brokerage anticipated at the start of the accounting period or did the requirement emerge during the year?

£1.659m was approved as part of a business case and was therefore anticipated at the start of the accounting period. Subsequently, a further £2.200m was agreed during the accounting period.

10. (a) Do you anticipate the need for any brokerage in 2014-15?

Not currently planned

(b) If YES, how much would you anticipate requiring and for what purpose?

N/A

NRAC formula

11. What are your views on progress towards achieving NRAC parity?

N/A

Equalities

12. Please provide up to THREE specific examples of how the use of an equality and diversity impact assessment has influenced budget decisions.

Following the introduction of SharePoint in 2012 all Project Managers now complete a Participation and Equalities Questionnaire at the commencement of the project affording Project Managers the opportunity to consider the influence that equalities will have on budgets at the earliest stage of development. Any outcomes with budgetary implications are normally built into the project delivery.

In addition to this, when conducting equality and diversity impact assessments (EDIA's), recommendations are made, each of which may have a further budgetary implication. Project leads are thereafter able to consider the costs associated with meeting the equality duty, allowing them to financially plan accordingly.

A specific example of how the use of an EDIA can influence budget decisions includes the following:

An EDIA of NHS 24's Communication Plan of the soon to be introduced 111 free to call number identified the need for consideration to be given to the provision of service information leaflets in alternative formats. A further need has been identified to achieve effective community engagement with minority groups to promote the change of number. Both of these recommendations have a cost attached and will influence budget decisions.

Similar EDIA recommendations also apply to the Living it Up service and Health Information Services.

Sustainable development

13. Please provide up to THREE specific examples of how the NHSScotland sustainable development strategy has influenced budget decisions.

1. NHS 24 Carbon Management Plan is an integral part of the NHS 24 SDAP and to meet HEAT targets for energy consumption and carbon emissions, investment of £0.026m in various activities including lighting upgrades and energy metering in 13/14 will result in a 5% reduction CO2e

and 4.7% reduction in energy consumption resulting in annual cost avoidance of £0.009m.

2. Our sustainable procurement policy means that we buy from local suppliers where feasible. In 13/14, 34% of local contract supplies were bought from companies with a Scottish base which achieved £0.020m cost avoidance.
3. We use Corporate Greencode to influence expenditure in property related works to ensure environmental legal compliance. In 13/14 we spent for example £0.006m on legionella prevention activity.