

**PROGRESS UPDATE FROM THE SCOTTISH GOVERNMENT TO THE PUBLIC
AUDIT COMMITTEE, DATED 29 MAY 2015**

**PUBLIC AUDIT COMMITTEE 7TH REPORT, 2014
REPORT ON ACCIDENT AND EMERGENCY: PERFORMANCE UPDATE**

Thank you for your letter of 26 February 2015. I am grateful for the opportunity to provide an update on the full range of actions which the Scottish Government has put in place to ensure sustained improvements across all the dimensions which contribute to the performance of A&E departments in Scotland.

Annex A (attached) provides an overview of progress in a number of key areas of development and in key national programmes.

In summary, this covers key developments: infrastructure; information and statistics; funding; and workforce. It also covers key national programmes: Six Essential Actions to Improve Unscheduled Care; National Review of Primary Care Out-of-Hours; and Sustainability and Seven Day Services Taskforce.

In pursuing these areas of work the Scottish Government is working closely with key stakeholders including NHS Boards and a range of professional and representative bodies. As the Committee appreciates, this is a complex endeavour but there is a clear determination on the part of all involved to continue to develop and sustain performance in the delivery of A&E services in Scotland.

I am, of course, happy to provide any further information which the Committee requires.

Yours sincerely

PAUL GRAY

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OVERVIEW – KEY DEVELOPMENTS

Infrastructure

A new approach to sustainably improving unscheduled care has been formally launched and a new national team will take up post next month. Additional funding has been provided to NHS Boards to recruit Local Unscheduled Care Teams. Overall, this means some 50 clinicians, managers and analysts will be focused on improving unscheduled care supported by funding of just over £2.6 million.

Information and Statistics

Weekly Publication of Statistics

In March this year the Scottish Government commenced publication of weekly A&E performance. This information covers 'core sites' (consultant-led A&E departments) covering the 4, 8 and 12 hour limits. During this period performance has improved from 86.1% in the week ending 22/2/15 to 92% in the week ending 17/5/15.

Self Referral Patients Attending A&E

Previous evidence from the Scottish Government to the Committee acknowledged inconsistencies in the systems and recording of data concerning definitions for self referral and 999 emergency referrals. A range of work has been undertaken to deal with the complexity of these issues involving NHS Boards, the Scottish Government and the Royal College of Emergency Medicine. For example, there is work underway looking specifically at definitions of flows through A&E departments.

A consultation on the A&E dataset is expected to issue in June this year with the findings reported to the Scottish Government Unscheduled Care Programme Board. I expect that the findings will inform further guidance with the intention of securing further improvements in performance.

Linked Data

NHSScotland has access to a wide range of data (e.g. A&E attendances and hospital admissions) from a range of sources (e.g. NHS24, Scottish Ambulance Services, National Registers of Scotland). The 'Unscheduled Care Data Mart' is the mechanism by which information linked at patient level allows analysis of patient pathways. Information Services Division (ISD) will be confirming a decision on the publication of linked data in June; and, ISD are also considering new and enhanced publications including the frequency, timing and content of such publications. Further information will be provided to the Committee when these arrangements have been finalised.

Funding

In 2015-16 £9 million of funding is available from the Unscheduled Care Fund, supporting £30 million from the Delayed Discharge Fund and the £100 million Integrated Care Fund. Overall, this is intended to not only ease pressures on hospital-based care (including elective care), but to ensure winter-preparedness and improve patient experience.

By way of illustrative examples, during the first two years (2013-15) of the £50 million action plan NHS Boards have introduced a number of initiatives to support improvements, including:

- 18 A&E consultants and 41 A&E nurses
- redesign of patient pathways
- developments in the approach to flow and the introduction of discharge hubs
- changes in skillmix arrangements including having GPs and allied health professionals based in A&E
- increased transport at peak times

Workforce

Emergency Department/Emergency Medicine Workload Tool

This tool, which has been professionally-led by clinicians, and in keeping with other workload tools already available, measures nursing and medical workload according to the clinical need of patients entering A&E departments. This methodology is part of a triangulated approach incorporating clinical, professional judgement, measures of quality and local contextual factors. The tool is expected to be released nationally during June and applied at least twice a year (summer and winter).

Shape of Training

Further to evidence submitted to the Committee by the Scottish Government, a series of UK and Scottish arrangements have been put in place to support phased implementation of the recommendations. A transition group is currently scoping and addressing medical supply and demand issues arising from changing dynamics in Scotland, while providing a robust mechanism to ensure linkage across the wider UK landscape. The Scottish Government NHS Workforce Directorate is currently giving active consideration to a number of issues including, for example, patterns of attrition during foundation training, intake trends and emerging 2015 fill rates for specialty training posts. Work is also underway on proposals for 2016 recruitment.

Scottish International Medical Training Fellowship

In Scotland a two year Scottish International Medical Training Fellowship recruitment programme has commenced. This is intended to boost the sustainability of the medical workforce in Scotland. Recruitment is currently underway to fill 27 approved posts across a range of specialties. This is being led by NHS Education for Scotland and NHS Boards.

EXAMPLES OF KEY NATIONAL PROGRAMMES

Six Essential Actions to Improve Unscheduled Care

This is a critical programme, widely supported by key stakeholders (e.g. the Academy of Medical Royal Colleges and Faculties in Scotland) which is intended to meet both the 95% and 98% targets, and has a clear focus on preparing NHSScotland for next winter.

This programme (which builds on £50 million already underpinning unscheduled care action plans) is based on established performance gains, collaboration across NHS Boards and an emphasis on patient flow. This is a whole system approach to ensure the NHS works effectively in the delivery of key targets through the design and delivery of safe, effective and person centred care.

In summary (and in addressing many of the issues raised by the Committee) this means:

- senior clinicians and managers working together at site level to ensure better accountability for performance
- using the best available data to develop patient capacity and management plans which are regularly updated by site based teams to ensure good flow and to minimise delays
- proactively managing individual patient journeys using a range of evidence-based approaches to, for example, eradicate 'boarding' and overcrowding in A&E departments. This involves a range of actions which also ensure that those patients who are ready for discharge are effectively managed (e.g. through liaison with the Scottish Ambulance Service and having their prescriptions ready)
- clinical teams working collaboratively to ensure admissions, transfers and discharges are supported by proactive planning and communication which ensures not only a better experience for patients, but also optimal flow within hospitals
- targeted investment in 'seven day services' (see below) with the aim of ensuring improvements in unscheduled care and scheduled care including, for example discharges earlier in the day and appropriately higher discharge rates at weekends
- a much greater focus on helping patients have more of their care at home (or in a homely setting) – this means providing more specialist care including assessment, treatment and rehabilitation outside of hospital where clinically appropriate. As noted above, this means more emphasis on individual patient journeys through a whole system healthcare team approach

National Review of Primary Care Out of Hours Services

This is a wide ranging review which is being led by Professor Sir Lewis Ritchie OBE, (Mackenzie Professor of General Practice, University of Aberdeen). There has been significant progress has since its launch by the Cabinet Secretary for Health, Wellbeing and Sport at the end of January this year. It will recommend actions to ensure primary care out of hours services:

- are sustainable, safe, effective and person-centred
- provide access to relevant urgent care when needed
- deliver the right skillmix of professional support for patients during the out of hours period

The review is being informed by wide-ranging multiprofessional and public engagement. It is expected that the review will deliver its recommendations to the Cabinet Secretary by the end of September this year.

Seven Day Services

An interim report of the Sustainability and Seven Day Services Taskforce was published on 6 March 2015. This set out a series of key steps and underlined a particular need to ensure sustainability in the workforce as well as maximising the range of skills and capabilities of healthcare professionals.

The Scottish Parliament Health and Sport Committee took evidence on 17 March 2015 from the Cabinet Secretary for Health, Wellbeing and Sport and a wide range of stakeholders. There was generally broad support for the overall approach.

A number of evidence-based actions are currently being progressed, including for example:

- new models of care and diagnostic support
- professional practice
- skillmix
- supporting service sustainability (including the role of Rural General Hospitals)
- strategic linkage across the planning and delivery of a range of services

The Taskforce will be providing updates as its work progresses.

