

**AUDITOR GENERAL FOR SCOTLAND (AGS) REPORT  
“ACCIDENT AND EMERGENCY – PERFORMANCE UPDATE”**

Thank you for your letter of 15 May requesting a response to Audit Scotland’s recommendations contained within its recently published report, and in particular, on the action we are taking to improve Accident and Emergency performance.

We welcome the recommendations contained within Audit Scotland’s report and offer the Scottish Government’s response against each of the recommendations below. The references to LUCAPs are the Local Unscheduled Care Action Plans, which we require each Board to produce annually for sign off by Scottish Government. LUCAPs are published documents.

***Recommendation***

- **GPs referring appropriate patients directly to hospital without first attending the A&E department**

*Agreed. A number of hospitals across Scotland have GP Assessment areas, including, NHS Ayrshire and Arran, Dumfries and Galloway, Grampian, Ninewells in Tayside, and sites in NHS Greater Glasgow and Clyde. Performance in NHS Boards with GP assessment areas is varied. Scottish Government will be carrying out an evaluation of this service model to determine how best to roll this out across Scotland. Our evaluation will be completed within the 2014-15 financial year.*

*Scottish Government has also co-sponsored research and review work on the delivery of acute medicine in Scotland, which will look at a number of factors, for example, the delivery of acute care in each Acute Medical Unit in Scotland, including assessment units, in order to improve standards of care.*

- **Protocols that allow senior A&E staff to admit patients directly to hospital themselves**

*Agreed. This practice currently exists in most hospitals, but adoption is variable. As part of the development of Local Unscheduled Care Action Plans (LUCAP) for year two of the programme (2014-15), NHS Boards have now been asked to construct site specific capacity management plans and promote speciality flow for each site, which will ultimately provide greater autonomy locally for senior hospital staff to make appropriate decisions.*

- **Effective models of A&E services and use of assessment units**

*Agreed. The response to this recommendation relates also to the earlier recommendation that GPs can refer appropriate patients directly to the relevant*

hospital speciality. The *Unscheduled Care Programme* has been established specifically to consider effective models of care and best practice in unscheduled care, including A&E services.

The *Local Unscheduled Care Action Plans* for 2014-15 are intended to capture a range of proposals related to improving A&E services. These will be considered individually through the Programme Governance structure, and where endorsed, will be implemented on a Scotland wide basis where appropriate.

➤ **Effective hospital discharge processes which support early planning of patient discharge**

*Agreed. All hospitals have discharge processes and, following the successful launch of the new discharge hub at NHS Fife, we have been encouraging other Boards to consider this model to see how their processes could be improved. For example, Edinburgh Royal Infirmary (ERI) has since adopted a similar hub model within the last six weeks - unscheduled Care performance has improved at the ERI since adopting focussed time of day discharge processes and the Hub.*

*Recently the Unscheduled Care programme has had a very strong focus on effective and appropriate time of day and weekend discharge processes. This has been captured as a priority in the LUCAPs.*

➤ **Ensure that NHS boards have access to benchmarking information on staffing levels and skill-mix in A&E departments**

*Agreed. This is an important element of ensuring that hospitals have the appropriate level of skills to effectively deliver a first class service. We are working with our NHS and Scottish Government Workforce colleagues to ensure the relevant information is available so that Boards can make informed decisions on staffing levels and skill mix in A&E departments. We are working to complete a review of available data sets by September 2014.*

The Committee were also interested in the actions we were taking to improve performance. The key actions taken in the first year (2013-14) are as follows:

- **Local Unscheduled Care Action Plans** – provide Board level commitment to improving unscheduled care and describe how Boards will evolve, establish and redesign services to better meet requirements for patients.
- **Flow Programme** – has been established to improve how patients move through the healthcare system and cut out unnecessary delays.
- **Investment** – £30 million targeted funding, in the first year of the programme, towards improving unscheduled care performance.

- **Additional Resources** – additional bed capacity to manage the surge in demand for beds over winter and the recruitment of an additional eighteen A&E/ED consultants.
- **New Emergency Facilities** – for example, the new Aberdeen Royal Infirmary emergency department.
- **Guidance** –Norovirus guidance was issued to support Boards over the winter period
- **Increased Performance Monitoring** – dedicated support is provided to those Boards that are still experiencing difficulty sustaining an acceptable level of performance.
- **Support to Management** – we have commissioned the support of external clinical expertise in order to make appropriate, valuable and sustainable improvements across Scotland.
- **Sharing of Best Practice** - non-emergency redirection guidance issued to help A&E departments focus on patients who have emergency care needs and to reduce the amount of time that those patients have to wait to receive treatment.
- **Electronic Whiteboards** - roll out of digital whiteboards to improve the flow of patients throughout hospitals right across Scotland.

In the second year of Local Unscheduled Care Action Plans we are turning our attention to whole system redesign, which will cover community and primary care services and will also consider how best to capitalise on the potential created by the integration of health and social care services.

I was grateful that the the Committee and the AGS recognised that the vast majority of patients are seen within four hours. I also welcomed the fact that the Audit Scotland Accident and Emergency Performance Update Report highlighted the work we are doing with NHS Boards and other key partners like the Royal Colleges to improve waiting times and on the improvements made since winter 2012-13.

I would be happy to provide more detail on any of the topics I have covered in this reply.

Your sincerely

**Paul Gray**