National Delivery Plan Implementation Group

Planning, Commissioning and Ensuring Equity of Service

- Issues to consider
- Questions to ask
- How can we improve process for next year?

The Money

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NDP Resource	Year 1	Year 2	Year 3	Total Yr 1 - 3	Recurring at end of year
Year 1	2	2	2	6	2
Year 2		7	7	14	7
Year 3			10	10	10
Total Spend	2	9	19	30	19

Our Approach to Planning

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- Current Service Model
- Strengths, Weaknesses, Opportunities and Threats
- Data management and benchmarking
- Stakeholder engagement
- Gap Analysis
- Recommendation for Change and Future Service Model
- Evaluation of improvements

Specialties

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- Cancer*
- Endocrine
- Rheumatology*
- Metabolic *
- Gastroenterology
- Complex Respiratory and Cystic Fibrosis*
- Dermatology
- Critical Care
- General Surgery

* nationally planned

Planning- Some Challenges!

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Variation in Existing Service Provision - Why?

- Variable infrastructure
- Different service models
- Remote and rural issues
- Some services more networked than others

Key Success Factors in West

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- Agreed process and timescales – signed off at Chief Exec level
- Clinical Engagement
- Capacity to carry out the gap analysis and detailed planning work

DGH Issues in West

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- Agreed 80% principle
- Assess local ‘fit’ of proposed investment
- Flexibility for local Boards to provide a specialist service over several specialties through specialist nurses, AHPs etc

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- Across the region
- From the specialist centres perspective
- From Each Boards perspective
- Across NHS Scotland

Equity of Service

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Patients should not be disadvantaged:

Geographical location
Their social circumstances
Their Race
Disabilities

Services should not be disadvantaged:

Inequitable investment across service
Lack of core infrastructure
Over centralised model of care

Shifting Balance of Care

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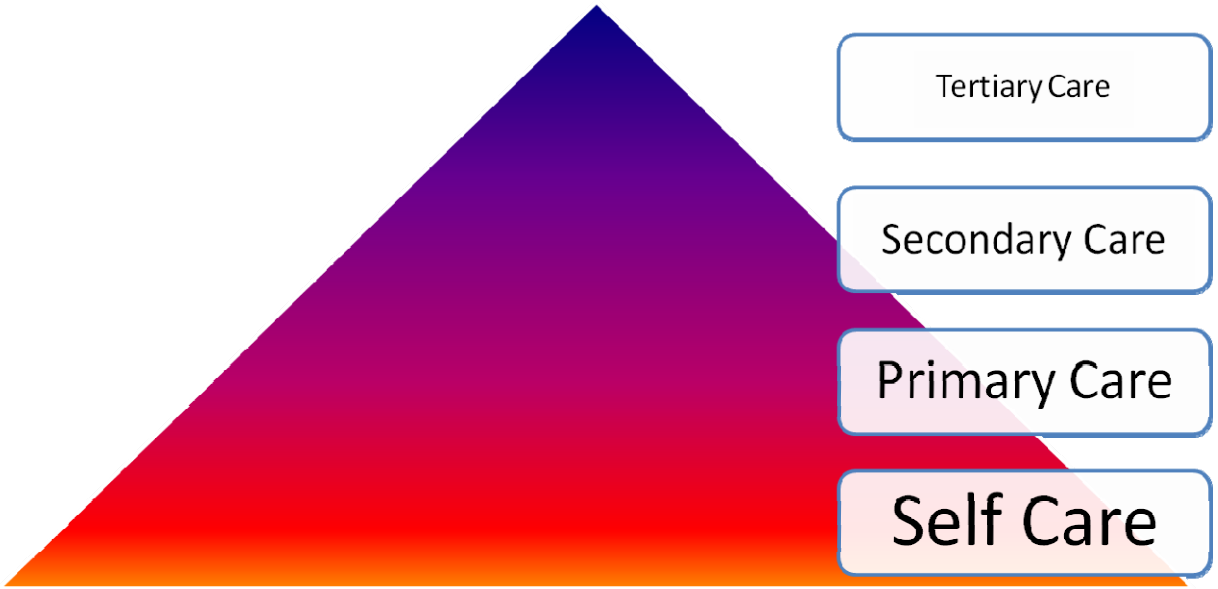
Clinical care should be provided as locally as possible when it is safe and appropriate to do so.



Obligate Networks

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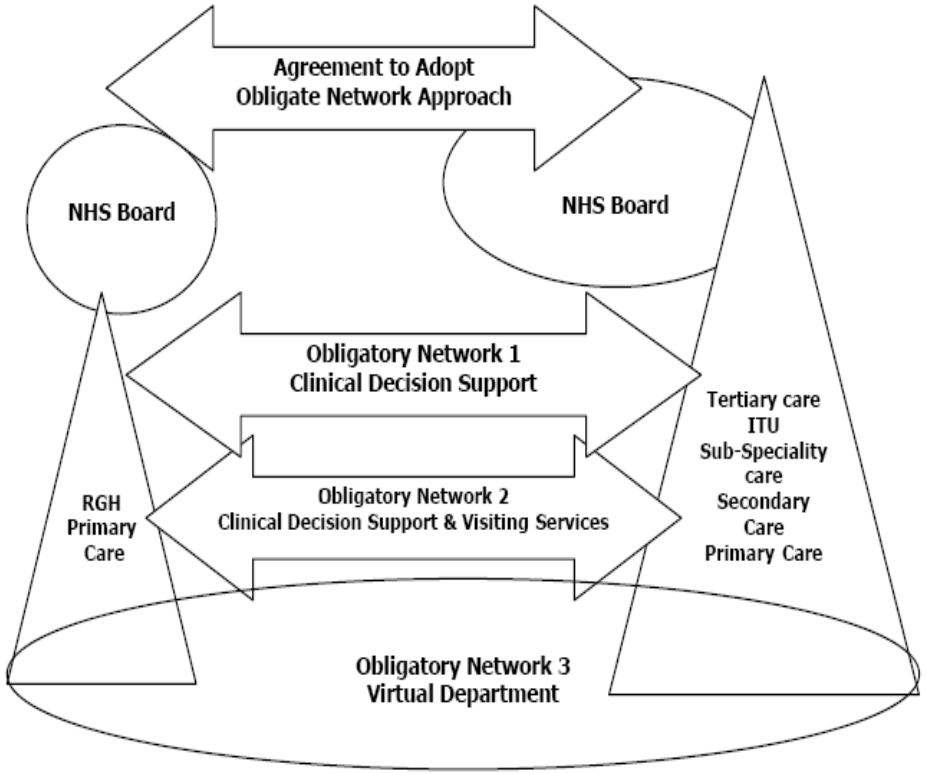
"Services must be planned and co-ordinated with a greater focus on more collective and collaborative responses within and across communities. This will include the formalisation of networks to ensure that larger centres are obligated to support and sustain healthcare services in remote and rural areas."



Questions for Discussion

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- How do we ensure the correct balance is achieved between investment in local DGHs and specialist centres?
- Should we try to compensate for historical differences in levels of service provision? – in specialist centres and /or in DGHs? If so……. How?
- Should NSD have access to this ‘pot’?
- Are regional networks always a workable solution—cancer??