EAST AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

INTEGRATION JOINT BOARD: 24th MARCH 2016

A NATIONAL CLINICAL STRATEGY FOR SCOTLAND

Report by Director of Health and Care

PURPOSE
1. To make IJB Members aware of the publication by the Scottish Government in February, 2016 of “A National Clinical Strategy for Scotland” and to provide initial comment on the strategic direction that it sets out.

BACKGROUND INFORMATION

2. The Scottish Government publication “A National Clinical Strategy for Scotland” sets out ideas on how NHS Scotland needs to change to ensure that health and social care services are fit for the future. It sets out a framework for the development of health services across Scotland for the next 15 years. It has been designed to give a high level evidence based perspective of why change is needed and the direction that this change should take.

3. The Strategy sets out the case for:
   - planning and delivering integrated primary care services, such as GP practices and community hospitals, around the needs of local communities;
   - restructuring how hospitals can best serve the people of Scotland;
   - making sure the care provided in NHS Scotland is the right care for each individual, that it works, and is sustainable; and
   - changing the way the NHS works through new technology.

4. A copy of a summary of the National Strategy is attached at Appendix 1. A link to the full strategy document on the Scottish Government website is included at the end of this report.

REPORT

5. The National Clinical Strategy sets out a policy direction which is consistent with the vision and policy priorities articulated by the Integration Joint Board in its approved Strategic Plan for 2015-18.

6. It further recognises for all of the reasons set out in the Strategic Plan that continuing to deliver health and social care services along traditional lines will not be an option going forward. It also recognises the issue that we face locally and across Scotland of the level of health inequality and the impact this can have on life expectancy and a range of other outcomes.
7. The Strategy indicates a change in focus for the NHS away from hospitals to primary care and the corresponding need to strengthen local multi-disciplinary primary care teams and to ensure that these are better integrated with services provided by social care and the Third Sector.

8. An aim of the National Strategy is that most of the care people need will be provided in local communities and that they will be admitted to hospital only when absolutely necessary.

9. The Strategy highlights, also, the need to change the way that hospitals work. Firstly by making the processes that the NHS has in place to care for patients more efficient and by providing greater value to patients. Secondly, the Government wishes to review the range of specialties hospitals provide, by considering the provision of some complex and many less complex operations in specialist hospitals. This would mean planning specialist hospital services in future on a population basis, rather than on a geographical basis as is largely the case currently.

10. The Strategy balances this proposal by recognising the important role played by local hospitals and by those in rural areas which face particular challenges. The Strategy provides an evidence base to support improved outcomes for patients by the provision of surgery and other treatments by specialist teams at regional centres.

11. The proposals outlined in the National Strategy reflect the importance of technology not just in the way that services are supported and by providing improved and integrated access to information, but it also recognises the importance of technology in the provision of on-going care.

12. The Strategy recognises the current difficult financial climate, but changing care in the way envisaged will be challenging financially for all partners across all sectors, particularly for Integration Joint Boards which are tasked with bringing about the shift in the balance of care. Significantly more will require to be done to provide the resources necessary to manage this complex system redesign in a period of significantly increasing demand. Further information is provided later in this paper on the financial, human resource and legal issues arising from the Strategy.

13. Finally, the National Strategy indicates a need to improve the basis of clinical decision making to ensure that there is a clearer focus on the provision of health care of greatest value to the individual in a way that has the least potential to harm and is most in line with the patient’s wishes. A separate report detailing the need for this “realistic” medicine approach is set out in the Chief Medical Officer’s Annual Report.
FINANCIAL IMPLICATIONS
14. There are no financial implications arising directly from the consideration of this report. However, over time implementation of the approaches set out in the Strategy will lead to changes in the way that finances are allocated across the health and social care system.

WORKFORCE IMPLICATIONS
15. There are no human resource implications arising directly from the consideration of this report. However, over time implementation of the approaches set out in the Strategy will lead to changes in the way that finances are allocated across the health and social care system.

LEGAL IMPLICATIONS
16. There are no legal implications arising directly from the consideration of this report. However, changes will again be necessary over time and initial contractual change will importantly take place in April, 2017 with the implementation of the new GP Contract.

EQUALITIES IMPLICATIONS
17. There are no equalities issues arising from any decisions made on this report.

RECOMMENDATION
18. That the Integration Joint Board:

I. note the contents of this report, and;
II. note the publication of the strategy document.

BACKGROUND PAPERS
A National Clinical Strategy for Scotland

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10th March 2016

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