

NHS Greater Glasgow and Clyde

Acute Services Strategy Implementation and Planning – Directorate Plan

December 2007



Table of contents

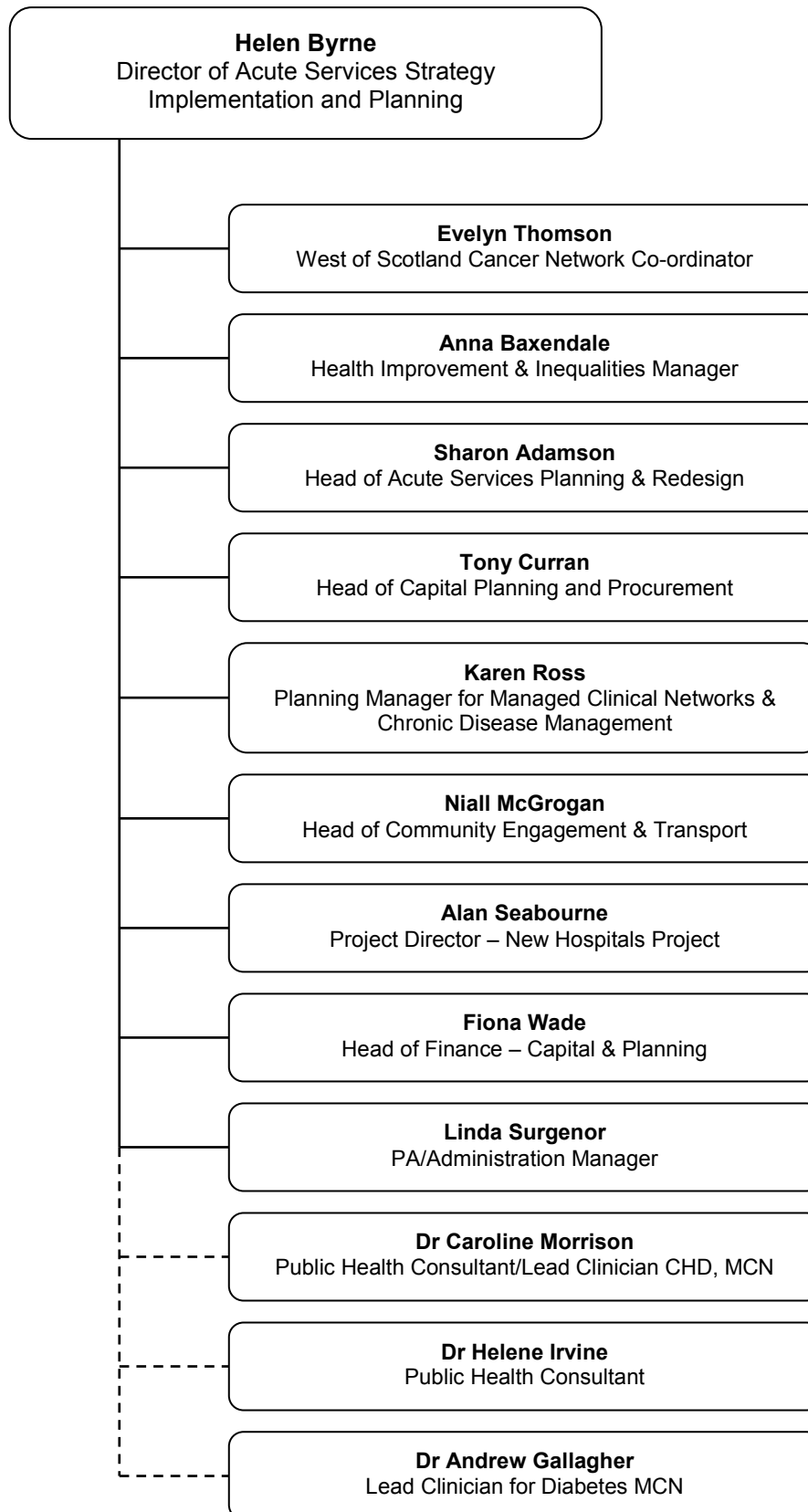
Introduction	3
Directorate Heads	4
Acute Services Modernisation Project Team.....	5
Acute Services Planning and Redesign.....	7
Capital Planning and Procurement	9
Community Engagement and Transport.....	12
Finance (Capital and Planning)	14
Health Improvement and Inequalities	15
Managed Clinical Networks (MCNs) and Chronic Diseases	18
West of Scotland Cancer Network, Regional Cancer Advisory Group (RCAG) and Cancer Managed Clinical Networks.....	20

Introduction

The Acute Services Strategy Implementation and Planning Directorate is made up of eight departments as follows:

- Acute Services Modernisation Project Team;
- Acute Services Planning and Redesign;
- Capital Planning and Procurement;
- Community Engagement and Transport;
- Finance (Capital and Planning);
- Health Improvement and Inequalities;
- Managed Clinical Networks (MCNs) and Chronic Disease;
- West of Scotland Cancer Network, Regional Cancer Advisory Group (RCAG) and Cancer Managed Clinical Networks.

Directorate Heads



Acute Services Modernisation Project Team

Background

As part of the Acute Services Modernisation Programme agreed by the Scottish Executive in 2002 NHS Greater Glasgow and Clyde have set up a project team to take forward the major developments of the modernisation programme.

The modernisation of NHS Greater Glasgow and Clyde Acute Services is divided into four phases and will be implemented over a ten to twelve year period.

The phases are:

- Phase 1** - New Regional Cancer Centre at Gartnavel General Hospital
- New ACAD Hospital at Stobhill
- New ACAD Hospital at Victoria (Queen's Park)
- Phase 2** - New Adult Acute Hospital at the SGH
- New Children's Hospital at the SGH
- Phase 3** - New Development at GRI
- Phase 4** - New Development at GGH

The Acute Services Modernisation Project Team will provide the planning, organisation and delivery of all aspects of delivering these major new developments, from Phase 2, working with the Acute Division and Board colleagues.

Team function

The remit of the project team is to:

- Develop detailed plans to implement agreed strategies;
- Support clinical redesign and incorporate in planning;
- Provide support to develop and complete necessary business requirements i.e. OBC, FBC, PFI processes;
- Commission professional/specialist advisors;
- Brief professional/specialist advisors;
- Liaise with all stakeholders (clinical, managerial, external);
- Work in conjunction with other community planning partners to ensure good integrated planning occurs.

Remit

- Operate within Scottish Executive Capital Investment Guidance for planning and delivering major Capital Developments;
- Network with other major project teams across the UK to drive forward best practice;
- Work in conjunction with our service planning colleagues to determine capacity, demand and throughput of future hospital services;
- Work in close association with all other public and voluntary bodies as well as the general population to listen, consult and communicate with them on all aspects of service change and planning new service developments.

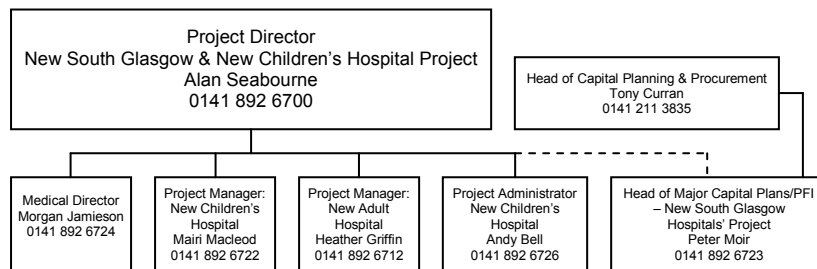
Structure

The Project Team works within the Acute Services Strategy and Planning Directorate and reports through the Project Executive Group and the Acute Services Review Project Board on all matters relating to Phase 2 of the Acute Services Modernisation Plan.

The Project Team is also responsible for the commissioning and management of specialist advisors to major developments including:

- Legal;
- Financial;
- Technical;
- Environmental;
- Transport.

The Project Team are in constant communication with the Scottish Executive PFI Unit to ensure we develop any plans with continued involvement of the SEHD.



Acute Services Planning and Redesign

Role of the department

The role of the Acute Service Planning and Redesign Department is to support strategic and operational planning, redesign and benchmarking/performance management for the Acute Services Division of Greater Glasgow and Clyde. This includes providing planning and redesign input to the Acute Directorates and associated areas of work including:

- Emergency Care and Medical Specialties;
- Surgery and Anaesthetics;
- Regional Services;
- Women, Children's (Acute only) and Maternity Services;
- Diagnostics;
- Clyde Acute Services;
- Cancer;
- Chronic Disease;
- Service Redesign and capacity planning;
- Bench marking to support Performance Management.

Key aims and objectives

The main aim of the department is to ensure an effective planning and redesign framework is established within the Acute Service that delivers the planning and redesign priorities for NHS Greater Glasgow and Clyde. The key areas of focus are as follows:

- Integration of service planning with service delivery to create an effective organisation;
- Development and delivery of plans for Acute Services with clearly identified priorities;
- Development and Implementation of a Redesign Plan for Acute Services that supports the delivery of the Glasgow and Clyde Acute Services Strategies;
- Development of capacity and service plans that informs the work of the ASR project team in taking forward the major developments of the modernisation programme;
- Leading benchmarking to effect service improvement, shifting the balance of care and supporting the affordability of the ASR;
- Supporting performance management systems to support the accountability review and local development plan.

Objectives to be delivered

Integration of Service Planning and Service Delivery to create an effective organisation

- Establish effective working relationships with the operational management teams within Acute Services to deliver the clinical strategy and service performance targets;
- Develop capacity and service plans that informs the work of the ASR project team in taking forward the major developments of the modernisation programme;
- Ensure the planning process is effectively linked with the support services such as finance, workforce planning and information services;
- To develop effective working relationships with CH(C)Ps, particularly in relation to chronic disease management, health improvement and health inequalities targets;
- Establish effective working relationships within the NHS, particularly with CH(C)P and other partner agencies to encourage staff and partners to be involved in the development, planning and implementation of services;
- Support the engagement and involvement of patients, carers and communities in planning and delivery of services.

Delivering the Planning Priorities

- Conclude the bed model work;
- Complete the strategy around the South Glasgow Hospitals and support of delivery of the business case;
- Support the ongoing engagement in relation to the new Children’s Hospital and support delivery of the business case for the Children’s hospital;
- Progress the necessary work associated with implementation of the bed model on the GRI and the GGH sites;
- Develop and implement the strategy for Clyde particularly in relation to IRH and Vale of Leven Hospitals;
- Support plans to ensure achievement of the targets for waiting times including cancer, A&E and diagnostics;
- Support the redesign agenda;
- Support implementation of the Maternity Strategy.

Development and Implement Redesign Plans for Acute Services

- Review redesign work across acute services;
- Establish a plan that will ensure delivery of new service models to deliver the ACHs, the new Acute Adult Hospitals and the new Children’s Hospital;
- Link the collaborative work across the Acute Services and CH(C)Ps to ensure the delivery of new service models that control demand, maximise capacity within the system and their patients access services in the most appropriate setting timeously.

Benchmarking and Performance Management

- Lead benchmarking to effect service improvement, shifting the balance of care and support the affordability of the ASR;
- Support systems for monitoring and reporting of the performance targets across the specialties in terms of service performance and improvements;
- Support the development of plans to deliver and sustain the performance targets with funding identified to support the achievement of these targets;
- Support the implementation and delivery of New Ways across Greater Glasgow and Clyde.

Team structure



Capital Planning and Procurement

Capital Planning and Procurement provides an integrated and effective premises service that supports and underpins the Acute Services Strategy together with the strategic service priorities for the Community Health and Care Partnerships (CHCPs) and the Mental Health Partnership (MHP) across Greater Glasgow & Clyde.

There are four main component parts to the department – Major Projects/PPP; Acute Capital Planning, Partnerships Capital Projects and Premises Development; and Property Management.

Major Projects/PPP

This section of the department is responsible for the technical procurement and delivery of major capital projects in the excess of £50m, either by traditional forms of funding and building contract or through the various PPP/PFI models. Examples of work ongoing are the construction phase of the two new hospitals at Victoria and Stobhill (£180m) and the redevelopment of the Southern General Hospital to provide a new adult acute hospital and a new children's hospital (£725m).

The section actively assists with the strategic planning and site master planning to deliver the Board's Acute Services Strategy, through the co-ordination and agreement of campus development plans for key sites around Glasgow with the Planning Authority.

The key role of the section is to support Project Boards and Teams developing major capital projects to provide advice and management of matters such as:

- Project briefing;
- Selection and procurement of consultants;
- Selection and procurement of contractors;
- Town planning and other statutory requirements;
- Project and cost management procedures for major projects;
- Procurement options for capital projects;
- Programmes management;
- Management of technical consultants, contractors and construction projects;
- Installation of technical equipment;
- Technical commissioning.

Acute Capital Planning

The Acute Capital Planning section provides the professional construction expertise to support the formulation of the Board's annual and future strategic capital plans for Acute Services and to manage all related construction works whether new build or refurbishment. The capital planning process is essential to meet the Board's aspirations to continually improve the premises from which it provides the Health Care Services.

The section will be involved in:

- Identifying options and opportunities;
- Option appraisals;
- Feasibility studies;
- Business cases;
- Using various forms of construction procurement routes and contracts;
- Appointing and managing construction consultants and design teams;
- Appointing and managing contractors throughout the construction process.

The Section will ensure that all construction projects undertaken are fully compliant with and take due account of all relevant acts, regulations and guidance notes such as:

- Building and planning regulations;
- CDM regulations;
- Health and Safety Acts;
- Disability Discrimination Act;
- Health Technical Memoranda, Planning Notes, etc.;
- I.E.E regulations;
- Best Working Practices;
- That all projects are carried out safely on site and with the minimum disruption to the provision of ongoing services on the acute hospital campuses.

The Section consults and communicates appropriately with all directorates, service departments, project steering groups and Board Committees.

Partnerships Capital Projects and Premises Development

The Capital Projects and Premises Teams liaise with the individual Community Health and Care Partnerships and Mental Health Partnership Capital Groups to develop strategic accommodation plans and provide support and input to business cases for the improved development of quality health accommodation, in the correct locations to deliver services. This is carried out within the limits of the agreed Capital Plan for the Board. There is ongoing consultation with the Property Manager to assess whether build, refurbishment or leasing options offer the greatest value for money.

The Partnerships Capital Team procures and manages all feasibility, design and construction works associated with Capital Projects for the ten CH(C)Ps in NHS Greater Glasgow & Clyde, the MHP and also some crossover properties in North and South Lanarkshire CH(C)Ps that fall within the traditional NHSGGC boundary. The team has experience in delivery all forms of Capital Projects from minor works to large new build community facilities over all formats of construction procurement.

The Partnerships Capital Team is also developing a high level of experience in the requirements for the delivery of joint premises, accommodating Local Authority and Health Services, managing combined funding arrangements and striving towards revenue benefits as a result.

The Premises Development Team liaise with Primary Care Support and health contractors providing general medical services, to assess, manage and deliver the development and enhancement of private practices across the NHSGGC territory. This service is carried out via Cost/Rent, Rent and Rates, Improvement Grants or with third party developers in accordance with the Health Department guidance.

The Department further provides premises expertise to a wide range of users, including:

- Primary Care Contractors i.e. General Dental Practitioners, Community Pharmacists and Optometrists;
- Primary Care Service Managers;
- Local Authorities i.e. Social Work, Culture and Leisure, Education, Planning, and Development and Regeneration Services;
- Other partner agencies e.g. Social Inclusion Partnerships (SIPs), Local Development Companies and Scottish Executive Health Department.

Property Management

The section is responsible for preparing and developing a property strategy which is aligned to the service and financial strategies of the organisation to ensure property assets are maximised in terms of efficiency and effectiveness. A database of all properties owned or leased by the organisation is held within the section.

The section is responsible for organising land and property valuations for the purpose of maintaining and updating the asset register held by finance to manage the cost of property and assets to the organisation.

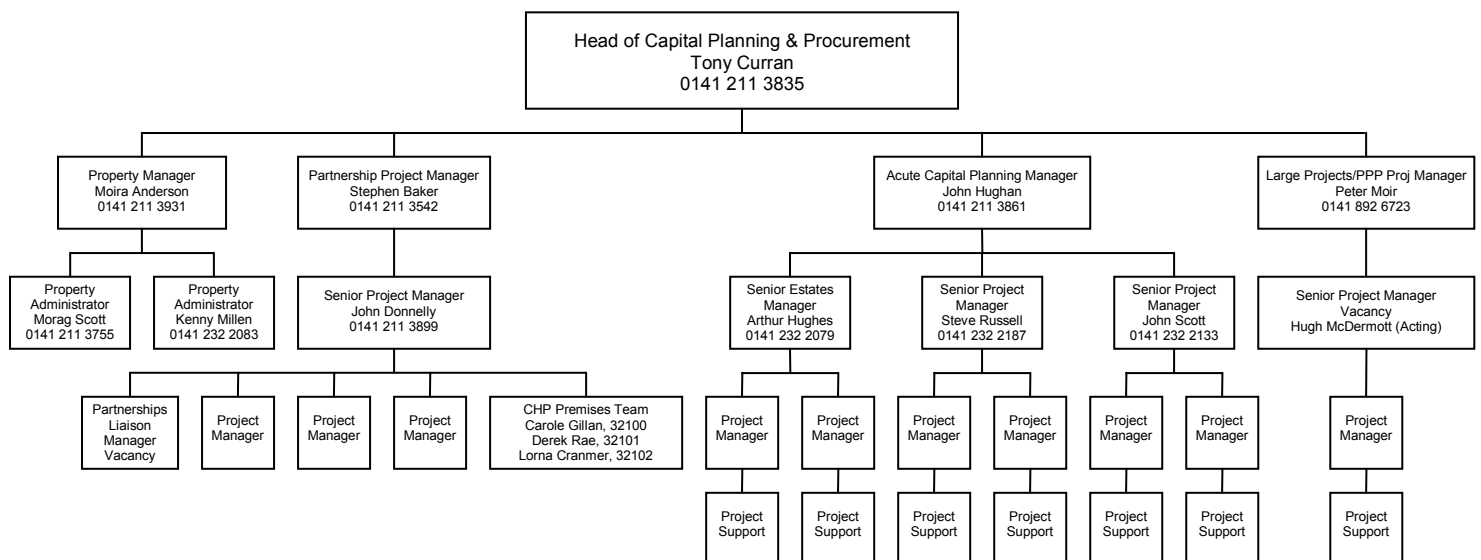
All land and property transactions are managed by the section in line with the NHS Scotland Property Transactions Handbook which covers all property acquisitions whether by lease or purchase and all disposals of land and property no longer required for NHS use. A significant disposal plan is in place over the next ten years to provide income to the organisation to support future service development plans.

Increasingly the NHS, Local Authorities and other government agencies are working together to maximise potential for joint working arrangements which makes best use of each parties property portfolio for the benefit of local communities under the Community Planning umbrella. This is leading to more complex projects involving innovative use of the joint assets available and the section acts as adviser to project groups involved in these projects and undertakes any transactions arising from them. The section also offers help and advice to all parts of the organisation in relation to land and property matters.

The section works closely with Central Legal Office and appointed Property Advisers in connection with individual transactions to ensure these are managed professionally and in the NHS best interest.

The main governance arrangement in place for property matters is the Property Group which is a sub group of the Capital Planning Group.

Team structure



Community Engagement and Transport

Background

The Community Engagement Team has three functions: to inform patients and the public about changes to Glasgow and Clyde's acute services, to engage patients and the public about these changes and where possible to involve them in the process of change. The team regularly meets with patient and community groups, councillors and MSPs, charities and agencies. Feedback from these encounters is then provided to the Board.

A key issue for the public and for other stakeholders regarding changes to acute services is transport. The transport team manages directly some transport projects, fosters partnership working and supports Board wide and CHCP response to the transport agenda.

Niall McGrogan is Head of Community Engagement and Transport
Lorna Gray is PA to the team.

Each member of the community engagement team takes a lead on key responsibilities:

Daniel Connelly: Clyde Acute Services (RAH, IRH, VoL and local areas), West Glasgow, Resources, Patient and Public Fora, West Dunbartonshire Transport

Dan Harley: Patient Involvement in ACHs, MCNs, Collaboratives, Disability and Access to Health, Faith Groups and Spiritual Care, East Dunbartonshire

Moyra May (Secondment): Patient involvement in ACHs; Planned Care Improvement Programme

Mark McAllister: Neighbourhood/partners/inter-agency engagement on new Adult's Hospital, New Stobhill Hospital, North/East Glasgow

Kate Munro: New Victoria Hospital, New Children's Hospital, Maternity Services, Women and Children's Issues, South Glasgow and East Renfrewshire

Pauline Cameron (part time): PFPI worker for Women and Children's Division

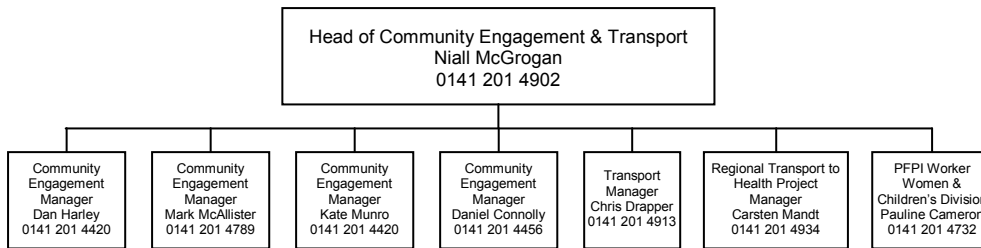
Transport

Chris Drapper: Project Manager; Evening Visitor Scheme, Housebound Transport, Falls Prevention Transport, CHCP support, Patient Involvement in Transport, Joint Social Services/SAS/NHS Transport project

Carsten Mandt: Regional Transport to Health Project Manager: support West of Scotland NHS Transport Group, capacity build NHS response to Transport Act and Regional Transport Strategy, assist implementation of action plan, and provide support to SGHD to roll out transport capacity within NHS

Niall McGrogan: Board Head of Transport, Chair West Of Scotland NHS Transport Group, support SGHD Transport Agenda, SPT Board member

Team structure



Finance Department

The Capital and Planning Finance Department provides financial lead in two main functions within the Acute Services Strategy Implementation and Planning Department. These functions are:

- Capital monitoring reporting and forecasting and
- Financial Lead in Major Capital projects.

Dimensions and scope of department

Capital monitoring

The department monitors and reports on a capital budget of circa £145m with approximately 500 individual capital schemes. The department reports monthly on expenditure by scheme and advises senior management of any potential slippage or over spends. Remaining within the £145m budget technically referred to, as the Capital Resource Limit (CRL) is one of the two financial targets NHSGG&C Board must achieve annually.

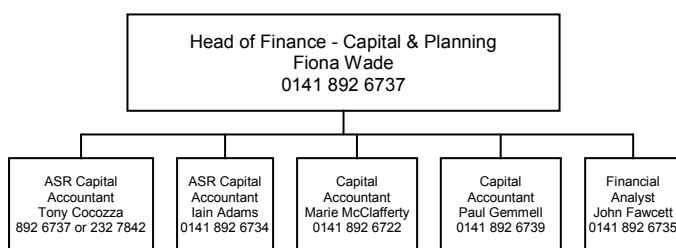
Major capital projects

In this function the department leads and provides full and comprehensive financial analysis and advice on major capital projects including Glasgow's Acute Services Review. The total capital value of the Acute Services review is £1bn. The department also provides lead in various aspects of PFI/PPP/Treasury projects as well as providing advice on financial and technical issues particularly to Directorates submitting business cases.

Team structure

The Finance Team consists of:

Head of Finance
2 Capital Planning ASR Accountants
2 Capital and Planning Accountants
Finance Analyst



Health Improvement and Inequalities

Background

Within the Acute Planning Directorate there are two discrete but related areas of responsibility for Health Improvement (HI) and Health Inequalities (I). There is a dedicated Health Improvement Team to support the HI function whilst a strategic approach to Health Inequalities across acute services is led by the Health Improvement Manager.

Health Improvement

Whilst Improving Health in Scotland: The Challenge (2003) outlines in detail the direction of travel for health improvement activity at a national level, Delivering for Health (2006) firmly establishes the goal of improving health as a key responsibility of the NHS at large.

The concept of Health Boards as Public Health Organisations is one that relates to Boards realising their potential to improve health through investment in and the improvement of health care. This does not reduce the Board's responsibility to impact on the wider determinants for health but reflects a more complex argument reflecting variations in avoidable mortality and quality of health care that also determine health improvement outcomes.

The relationship between the goal of health improvement and the need to reduce the health gap and address health inequalities as the principle strategy in achieving this goal is recognised.

The remit of the Health Improvement Team (Acute Planning) is two-fold;

1. To support Acute Services to maximize their contribution to health Improvement

The Health Improvement role of health care services was identified as a key goal in the redesign of NHS GGC and the role of Acute Services cannot be seen in isolation but rather within a range of partnerships that are required to support the primary and secondary prevention of major disease such as CHD, Stroke and Cancer. This reflects the need for close collaboration between Primary Care through CH(C)Ps, Acute services and the management of the interface in between.

The HIT undertake a range of approaches to fulfil this remit;

- Facilitation and support of health promotion action within Specific Acute Directorates;
- Leadership for the development and implementation of System-wide health improvement priorities (Physical Activity, Alcohol Smoking and Food, Fluid and Nutrition);
- Maximising the health improvement potential of corporate developments including; the integration of Arts and Health and Well-being focus within the new hospital developments and through optimum use of the Big Lottery Fund;
- Developing HI within patient pathways and the design of services and related policies to promote risk factor reduction, secondary prevention and/or management of conditions through increased behaviour change support;
- Delivery of evidence-based training and practice development programmes and provide wider professional support through the Public Health Network and the development of the WHO Health Promoting Health Service (HPHS) framework.

2. To lead key Health Improvement programmes across NHSGGC working through Community Planning in conjunction with CH(C)Ps and Local Authorities.

Programmes address both lifestyles and health behaviours in addition to tackling the wider determinants of health such as employment and education. Action will include:

- Facilitating the implementation of Physical Activity Strategy in conjunction with GCC Community Planning Partnership and CH(C)Ps through the development of citywide and local physical activity action. Other local authorities are supported through local area strategy groups;
- Ensuring the citywide Tobacco Strategy and tobacco control programme are further developed with an input from CH(C)Ps, MCNs and Community Planning partners;
- Reviewing the GCC Food and Health Framework and ensure recommendations are fully integrated into the development and implementation of NHSGGC Food, Fluid and Nutrition policy as well as local CHP food related interventions;
- Ensuring NHSGGC Accident and Injury Prevention programmes are embedded into the CH(C)Ps and Community Safety Partnership plans.

Reducing Health Inequalities

There is the need to reduce health inequalities and additional service activities are required to promote and support the good health of the most disadvantaged communities. The picture is complex and reflects a number of inter-related national imperatives, namely:

- Scottish health and social justice policy designed to address inequalities in health and their determinants;
- Responsibilities for addressing the Equality and Diversity agenda and in particular the proofing of policies, programmes and practice in line with the SEHD Equality and Diversity Impact Assessment Toolkit;
- Current and forthcoming legislative requirements in relation to race, disability and gender equality;
- Implementation of the NHS QIS National Standards for Clinical Governance & Risk Management in relation to equalities and diversity.

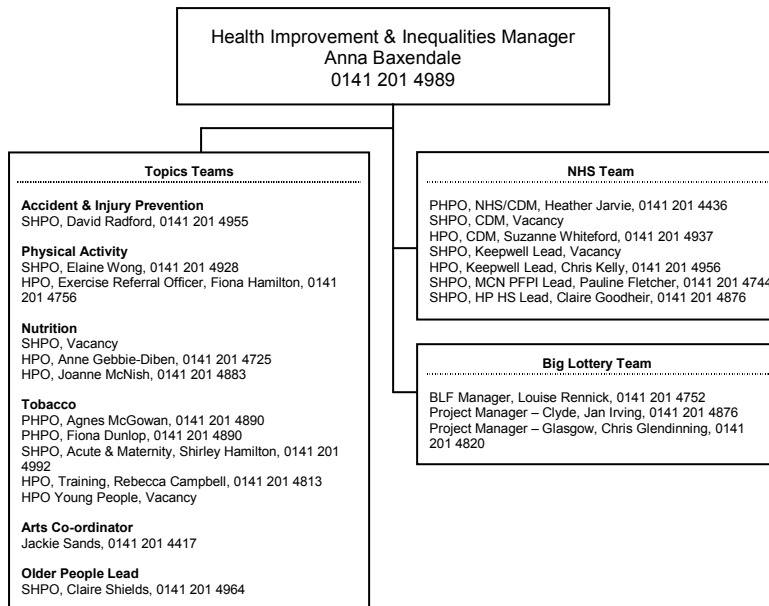
A systematic and effective response to the causes and consequences of multiple inequalities is being developed within NHS Greater Glasgow & Clyde and areas of responsibility include;

- As a provider of appropriate, inequality sensitive and equitable health care;
- As a partner organisation working with others to address the determinants of poor health;
- As an employer.

A systematic approach to Equality action has been agreed at a Divisional level with engagement from the Senior Management Team to ensure strategic buy in to Legislative responsibilities and operational priorities. This approach reflects the National Strategic Framework Fair For All and will be developed to include a range of actions to address equity through:

1. Strategic Management and Leadership;
2. Demographic Profiling;
3. Access to Service and Service Delivery;
4. Human Resources and Organisational Development;
5. Community Involvement and Development.

Team structure



Managed Clinical Networks (MCNs) and Chronic Diseases

Diabetes and Heart Disease Managed Clinical Network

There are a number of established MCNs either local, national or regional that impact on Glasgow's services. This section deals specifically with the Diabetes and Heart Disease MCN.

The previously separate Managed Clinical Networks for Glasgow and the old Argyll & Clyde Health Board have now combined to form a single MCN for Heart for Glasgow and Clyde, and a single network for Diabetes for Glasgow & Clyde.

Aims of the Heart Disease and Diabetes MCN

- Heart disease MCN aims

To improve the Heart Health of the people of Greater Glasgow and Clyde; and to ensure that the adult population of Glasgow and Clyde has equitable access to high quality cardiac services, which are based on evidence, or consensus where that is lacking, best value for money principles and patient preference.

- Diabetes MCN aims

To reduce the impact of complications of diabetes on the population of Greater Glasgow and Clyde through prevention and disease management delivered equitably and optimally within the available resources across primary, secondary and tertiary services.

Structure of the Heart Disease and Diabetes MCN

The structure of the MCNs include an executive group, a steering group and a number of working (sub) groups, some of which will be long term groups and others that are short term and set up for a particular piece of work.

The executive group will be a small group responsible for overseeing the work and co-ordination of the MCN. It will have some funded staff members and appropriate administrative support. It will support close integration of the work of the MCN and the operational management of services. The group will ensure that the sub-groups are supported in meeting the MCN Steering group objectives. The executive group will be accountable to the steering group but will also have some flexibility in setting the strategic direction of the MCN.

The steering group role will be to develop strategy for Board approval, to prioritise within that strategy, to oversee the implementation of that strategy and to monitor and evaluate services and to provide advice to the Board as required. The members will be expected to represent their constituency views, feed back to those constituencies, offer expert opinion as required and actively participate in the smaller sub-groups and actively participate in meetings.

Members will be expected to inform their constituencies of the work of the group and to canvass opinion on topics under discussion and development, and other potential areas of work.

Chronic Disease Management

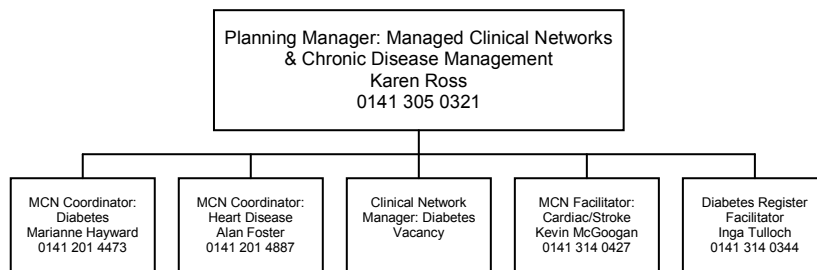
Chronic diseases are those that can only be controlled, not cured, and living with a chronic disease has a significant impact on individual and family quality of life. The incidence of such diseases increases with age and many older people are living with more than one chronic condition. Getting services right for patients with chronic disease will help to deliver improvements in other areas and will have an impact on social care, secondary and emergency care and waiting list demand. Chronic disease management is therefore a system wide agenda.

The active management of chronic diseases and conditions is one of the major challenges facing healthcare provision worldwide. According to The World Health Organisation, chronic conditions will be the leading cause of disability by 2020 and furthermore will potentially be most expensive burden for health care systems if not successfully managed. In recognition of this, a Long Term Conditions strategy framework has been developed in order to provide a clear and systematic approach across our health care system to the management of chronic disease.

The implementation of the Long Term conditions framework will involve the MCNs and the various disease group planning forums who will be tasked with identifying gaps in service provision against the Long Term Conditions framework and the subsequent development of a plan to address any identified gaps.

There are a number of extant planning groups that provide the initial focus on the Long Term conditions disease agenda. These will be added to as work develops.

Team structure



West of Scotland Cancer Network, Regional Cancer Advisory Group (RCAG) and Cancer Managed Clinical Networks

Background

The West of Scotland Cancer Network and RCAG is a collaborative involving NHS Ayrshire & Arran, Forth Valley, Greater Glasgow and Clyde and Lanarkshire. The RCAG Executive facilitates understanding of regional issues, supports and progresses pieces of work on a regional basis and has an advisory role to NHS Boards and the Regional Planning Group.

The diagram on the next page illustrates the various components of the West of Scotland Cancer Network.

Main functions of the RCAG Executive

- To provide high-level strategic guidance to constituent NHS Boards and the Regional Planning Group;
- To progress work on priority issues identified regionally by regional groups, MCNs, local NHS systems, regional partnership forum and partner organisations;
- To ensure a coherent and equitable approach is taken to the development of cancer services across the West of Scotland, taking account of local and regional priorities;
- To agree and review annual work programmes with regional MCNs and specialty networks/services;
- To review MCN audit data and report to Chief Executives;
- To ensure adequate two-way communication and accountability between MCNs, RCAG, NHS Boards and the Regional Planning Group.

Chair:	Mr. Tom Divers
Regional Lead Cancer Clinician:	Dr Bob Masterton
Regional Coordinator:	Evelyn Thomson
Network Contact:	Susan Paton at Susan.Paton@ggc.scot.nhs.uk

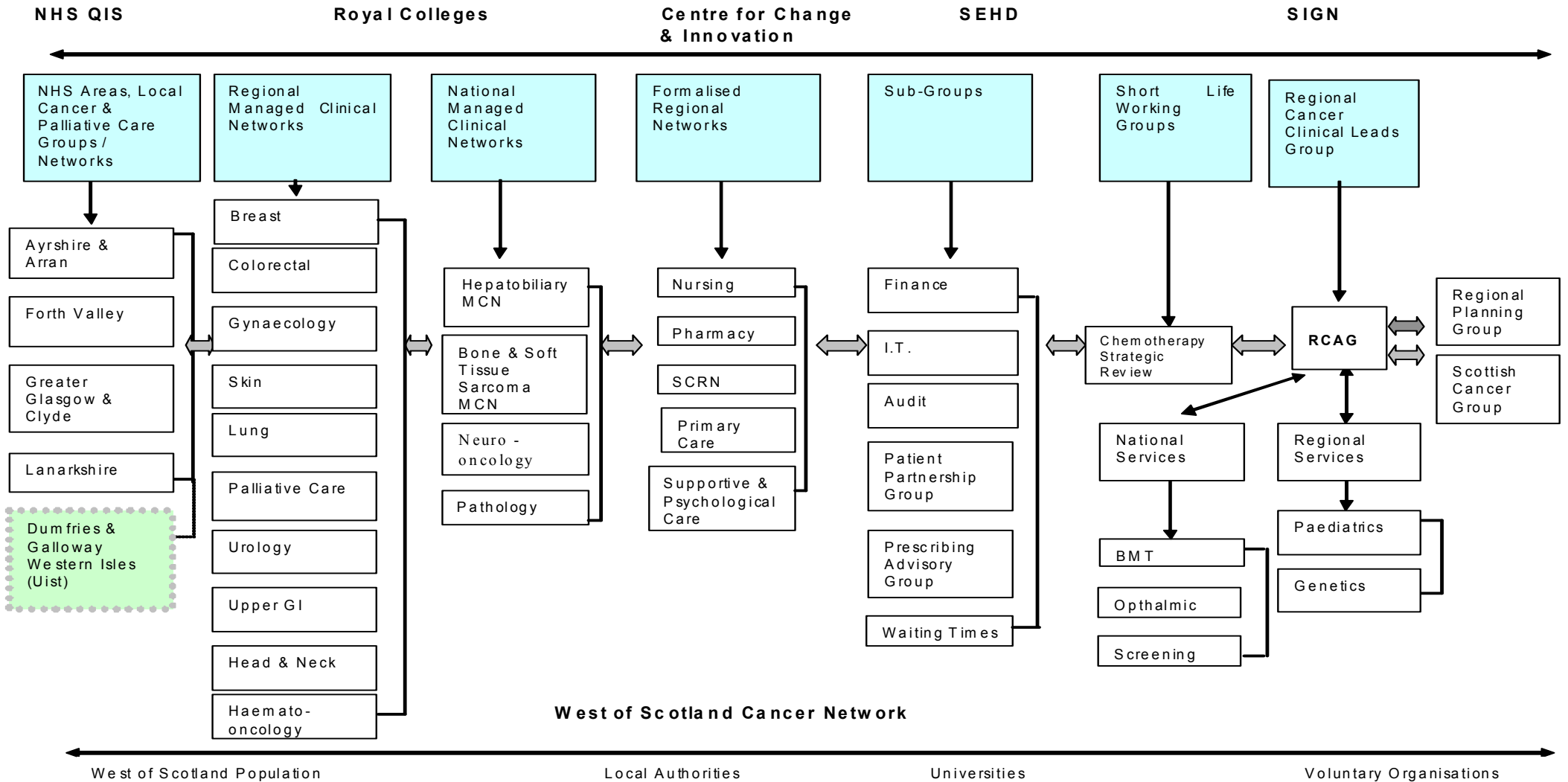
Cancer Managed Clinical Networks (MCNs)

Managed Clinical Networks are:

"Linked groups of health professionals and organisations from primary, secondary and tertiary care, working in a co-ordinated manner, unconstrained by existing professional and Health Board boundaries, to ensure equitable provision of high quality clinically effective services."

There are currently 10 regional Cancer MCNs (breast, colorectal, lung, urology, head & neck, haemato-oncology, skin, gynaecology, upper GI, palliative care) and three national Cancer MCNs (sarcoma, hepatobiliary and neuro).

Organisational Chart, West of Scotland Cancer Network



Team structure

