

# OUR HEALTH, OUR CARE, OUR FUTURE

Your chance to help shape  
healthcare in Lothian



We want to hear as many views as possible on how NHS Lothian should evolve.

## INTRODUCTION

**NHS Lothian works to help people live healthier, longer lives – no matter who they are or where in the region they live. Much progress has been made, but significant challenges and opportunities lie ahead.**

Healthcare is advancing at great speed. At the same time, our population is growing and ageing, and we are caring for many more people with complex needs. The tough economic climate also means we have to make savings of £40 million a year, savings that we will reinvest into providing new and expanded services for patients.

By preparing for the challenges, and embracing the opportunities, NHS Lothian can bring tremendous improvements in care, and in the

experience patients have of our services. This will take planning and change. Our 10-year strategic plan gives us guidance to ensure that services are developed in the best way for patients, and that the approach we take is efficient and cost-effective.

We will work with patients, carers and everyone else with an interest in Lothian's health service to get our direction and priorities right.

This summary outlines our aims and issues and shows what success could look like. It is also an invitation to get involved – we want to hear as many views as possible to help shape our plans to deliver our health, our care and our future.

**Tim Davison**  
Chief Executive

### WE NEED A STRATEGIC PLAN TO:

- Provide high quality care at all times
- Adapt to a growing and ageing population
- Make patients and carers our partners
- Work more closely with our other partners, including local authorities and voluntary organisations
- Be more efficient



We want everyone to enjoy longer and healthier lives at home, or somewhere homely.

## OUR VISION

**We want everyone to enjoy longer and healthier lives at home, or somewhere homely. For this to happen, health and social care services must be fully joined up and work smoothly for patients.**

Care must be of the highest quality and patients have to be involved in decisions that affect them. Patients and carers must be our partners in care. We need to do more, together, to prevent illness, anticipating patients' changing needs and helping them to manage their own conditions.

Most care should be delivered at home, or as close to home as possible. When someone needs hospital treatment this will normally be for a day. Where a longer spell in hospital is needed, we will get patients home, or somewhere homely, as soon as they are ready.

NHS Lothian also needs the right technology, buildings, equipment and skilled staff. Our systems must be reliable, sustainable and efficient, supporting patients on a care pathway that is timely, safe, evidence-based and ensures they have the most positive experience possible.



## CHALLENGES

**Our NHS has to adapt to the needs of a population that is larger, older and has more complex conditions than ever.**

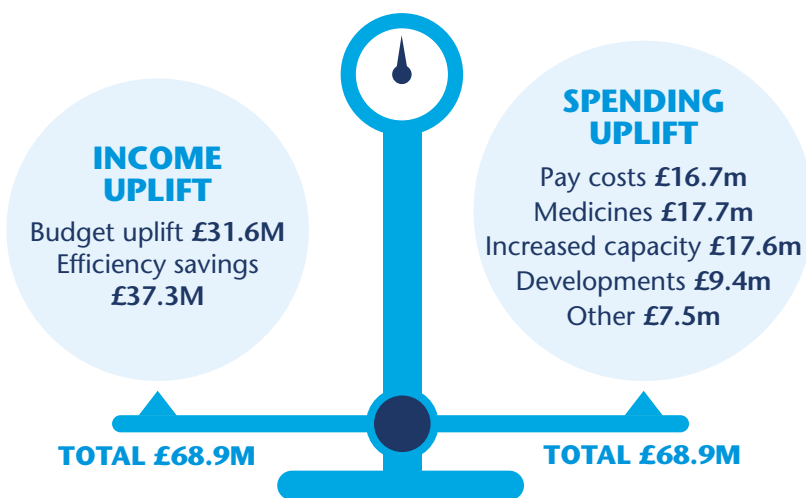
The older we get the more long-term conditions we tend to have. For over 65s the average is two, and over 75s it's three plus. Older people also tend to be admitted to hospital more often and for longer. We need to do more to prevent avoidable admissions and to rehabilitate patients quickly.

People who are poor or disadvantaged often have poorer health. Tackling health inequalities is a fundamental challenge. We need to find ways to reduce ill health and provide effective help

early on. Cancer and dementia are on the rise, as are serious health problems like type 2 diabetes. We must tackle the causes of ill health like obesity, poor diet and limited physical activity, smoking and excessive alcohol.

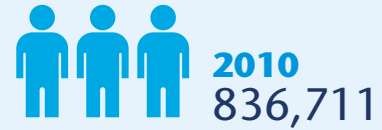
Money is also a great challenge. Right now we have to find £40 million in savings a year to reinvest in our services, then find more money for some of the more expensive investments proposed in our plan. This will mean we have to stop doing some things, and do other things differently to make sure we use our resources where they deliver greatest benefit.

### EFFICIENCY SAVINGS – HELPING TO BALANCE THE BUDGET

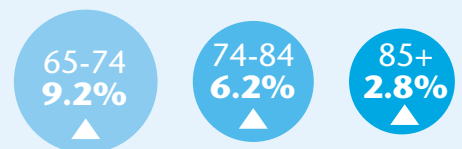


**NHS Lothian base budget £1,141m**

### LOTHIAN'S POPULATION



### AGED OVER 65



### Prevention



Obesity, poor diet and limited physical activity, smoking and excessive alcohol





## OPPORTUNITIES

**We have tremendous opportunities to improve health and reduce costs by preventing illness and providing care at an early stage and in the community. Services can be redesigned, putting the patient first. This will be part of wider change that sees NHS professionals, local authorities, the voluntary sector, patients and carers as partners in care.**

Different groups within the NHS often work in an isolated way – much can be achieved by getting everyone with a role in a patient’s care working much more closely together. The way staff work, and the skills they have, is of huge importance. There are opportunities to make sure services are available more flexibly to meet needs. Some services that are currently only available in hospital can also be provided in the community or at home.

Some buildings are old and no longer fit for purpose. This gives us the chance to create new, purpose-built specialist centres on some sites and to dispose of others. IT and web-based technologies can speed up services, making them more accessible and cutting administration.

NHS Lothian will encourage its values of quality, dignity and respect, care and compassion, openness, honesty, responsibility and teamwork in all it does. We will also encourage staff to be innovators and believe there are opportunities to improve leadership, ensuring that staff at all levels are clear about their responsibilities to patients and colleagues.

Our strategy needs to be based on a clear vision and everything needs to be measurable. This is what we think success should look like:



More GP and community-based care



Integrated health and social care



Greater safety in all healthcare environments



Better emergency care



Improved approach to multiple and chronic illness



Involving people in their care to improve services



Adapting the workforce



Innovating to raise quality and spend money where it can deliver the greatest benefit to patients



Higher efficiency and productivity



Care pathways (a patient’s care journey through the NHS) that deliver what matters to patients

People in Lothian's wealthiest areas can expect to live 21 years longer than those in the most deprived communities.



## LIFELONG CARE

**The NHS is here to provide care at all stages of life. Our draft plan outlines how we will do this.**

### **Children and young people:**

Services for children and young people are to be improved. More health visitors and school nurses will be recruited and we will implement the Children's Bill so there is a named person responsible for every child aged 0-5.

### **Preventing illness:**

We aim to help prevent or delay the onset of illness by tackling the underlying causes, such as smoking, obesity and overuse of alcohol. This will be done by strengthening healthy lifestyle initiatives and working with the most vulnerable.

### **Health inequality:**

Your chances of becoming ill are closely linked to factors such as levels of deprivation, race, disability and gender. We will work with local authorities and other partners to reduce poverty, improve education and employment, and improve health and wellbeing. We will target and tailor clinical services to those most in need.

### **Frail older people:**

Continuing care for older people needs to change so they can move smoothly between home, residential home and, when necessary, hospital.

We propose a wider range of community services so fewer older people will need to go into our acute hospitals. This can be offered in residential homes, community hospitals or with support at home.

### **End of life care:**

When people near the end of their lives we want them to be in the place they wish to be cared for and, when practical, to die where they choose. Part of this involves making sure that the care is available to avoid unnecessary emergency hospital admissions and we are developing plans to provide better community-based palliative care.



## **CARE CLOSE TO HOME**

**Some of our most far-reaching ideas involve increasing the role and capacity of GP and community services – moving care away from hospitals and closer to home.**

### **More care at home:**

By strengthening GP and community teams and involving patients more in the management of their own health, we can deal with problems earlier and reduce the need for hospital admissions. This can be especially valuable for improving services for patients with conditions like diabetes and dementia.

### **Right care, right time:**

Patients need to be sure of a timely consultation with an appropriate health care professional. They should wait no more than 48 hours for a non-urgent appointment with a GP or practice nurse. Patients and carers must also be involved in decision-making.

### **GP services:**

A review is needed of GP and practice staff numbers and whether their premises are suitable and located appropriately. There needs to be an expansion in primary care premises and workforce. More services should be available to patients closer to home.

**Out of hours care:**

The Lothian Unscheduled Care Service (LUCS) will be reviewed as demands have increased dramatically. LUCS provides care services 'out of hours', when GP practices are closed: overnight, at weekends and on public holidays.

**Care villages:**

We need new and better ways to offer residential care for older people that maximises their independence and supports their needs.

**Dental health:**

We propose to improve dental and oral health by registering more children aged two years and under. Patients also need better access to specialist dentistry.



Each year, there are over five million contacts with general practices...

...1.5 million with community services and 136,000 with our out-of-hours general medical service.

There are 127 GP practices in Lothian supported by a total of 1,601 general practitioners.



**5M**

GENERAL PRACTICE



**1.5M**

COMMUNITY SERVICES



**136,000**

OUT-OF-HOURS GENERAL MEDICAL SERVICE



## CARING FOR DIFFERENT NEEDS

### **Chronic and long-term conditions:**

Growing numbers of people are living with one or more chronic long-term condition. Our goal is to help them to manage their own conditions and to anticipate changes. This reduces the chances of things going wrong, provides care closer to home and cuts avoidable hospital admissions.

Ways we can do this include joining up services for people with long term conditions such as chronic obstructive pulmonary disease (COPD). We are looking to develop combined telehealth and telecare solutions to support people to live as independently as possible and to involve and work with the voluntary sector.

### **Mental health services:**

Lothian's mental health services are being transformed through the development of community and intensive home treatment teams which reduce the need for hospitalisation. Future work will further enhance community mental health facilities while modernising acute mental health facilities at the Royal Edinburgh Hospital.

### **Learning disabilities:**

We aim to improve care for people with learning disabilities, autistic spectrum disorders, and challenging behaviour, by working with local authorities to create a community and residential support service. Together we plan to provide more supported community care and modernise residential care facilities for those who need them.



We are looking at the best locations for providing hospital services and how to ensure we have the right staff, capacity and facilities.



*Artist's impression of new RHSC and DCN, to open in 2017.*

## OUR HOSPITALS

**We are looking at the best locations for providing hospital services and how to ensure we have the right staff and facilities. We will cut waiting times and review outpatient services and acute inpatient services.**

A great deal of change is planned, with the development of many sites and the disposal of those that are underused, unoccupied or in the wrong place.

**Key proposals include:**

**Royal Edinburgh Hospital (REH):**  
Phased redevelopment with purpose-built facilities for mental health care

**Royal Hospital for Sick Children (RHSC):**

A new, replacement, children's hospital is being built at the RIE site and will open in 2017

**Royal Infirmary of Edinburgh (RIE):**

Expanded acute receiving and assessment capacity and a specialist centre for clinical neurosciences

**Western General Hospital (WGH):**

A new regional cancer centre and improvements to emergency care

**St John's Hospital, Livingston (SJH):**

Increase day surgery capacity.

### We will also:

- Review the model for dermatology services
- Concentrate inpatient orthopaedics and trauma at RIE
- Focus stroke services at either the RIE or WGH and SJH
- Redevelop ophthalmology services at RIE, WGH, SJH or Lauriston Building
- Create more day surgery facilities at WGH and/or SJH
- Develop more convenient, safe and innovative alternatives to routine outpatient attendance and follow-up.

### We also plan:

- A new East Lothian Community Hospital. More residents could be treated locally along with purpose-designed care for older people, to prevent inappropriate admission to, and allow earlier discharge from, acute hospitals in Edinburgh.
- To adapt Midlothian Community Hospital to better serve the local population. This will include purpose-designed care for older people.

### Hospital stays:

Most hospital care, to access the specialist assessment and treatment which only acute hospitals can provide, should be on an outpatient or day patient basis. For those patients requiring longer stays, we want to speed up assessments and diagnostic tests so that more than 80% can leave within 48 hours.

Too many patients still have to remain in hospital because there is nowhere else suitable for them to go. We want to reduce these delayed discharges to a maximum of two weeks by April 2015 and then to eliminate them completely.

### Emergency care:

Our emergency care system is under pressure, with very large numbers of patients arriving in our emergency departments. Many people are waiting too long. Change is needed so that emergency departments can provide quality care for those with life-threatening conditions and so that other patients are treated in a more appropriate setting.

### EACH YEAR:



**1M**  
OUTPATIENTS



**240,000**  
ATTEND A&E



**100,000**  
INPATIENTS



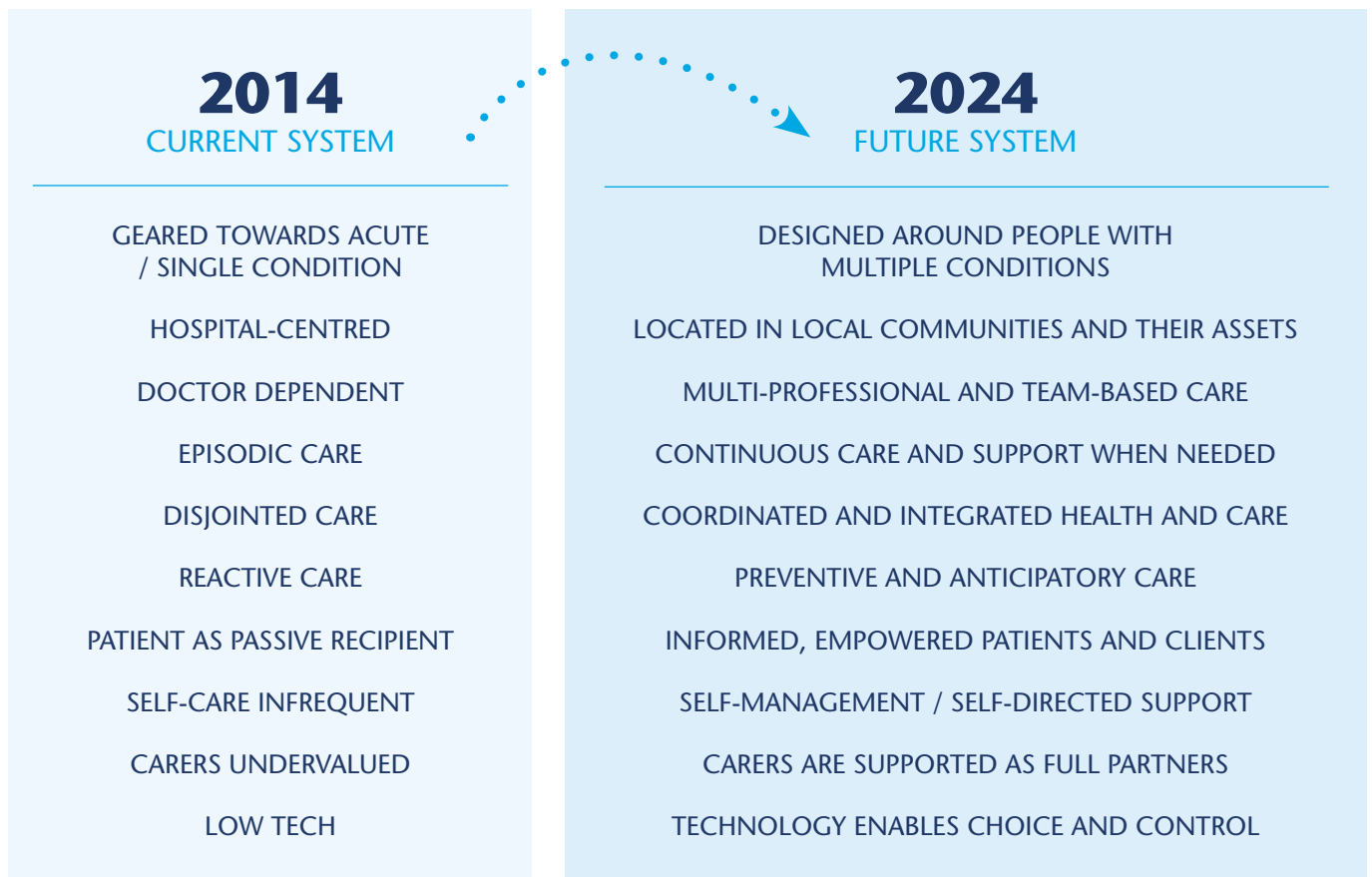
**100,000**  
PLANNED SURGICAL  
INTERVENTIONS

## PUTTING PATIENTS FIRST

The needs of patients must come first. We are redesigning services so the priority is on the patient's journey of care through the NHS and social care services, ensuring quality of care and giving them the most positive experience.

Some of the main ways we will improve the patient's experience are:

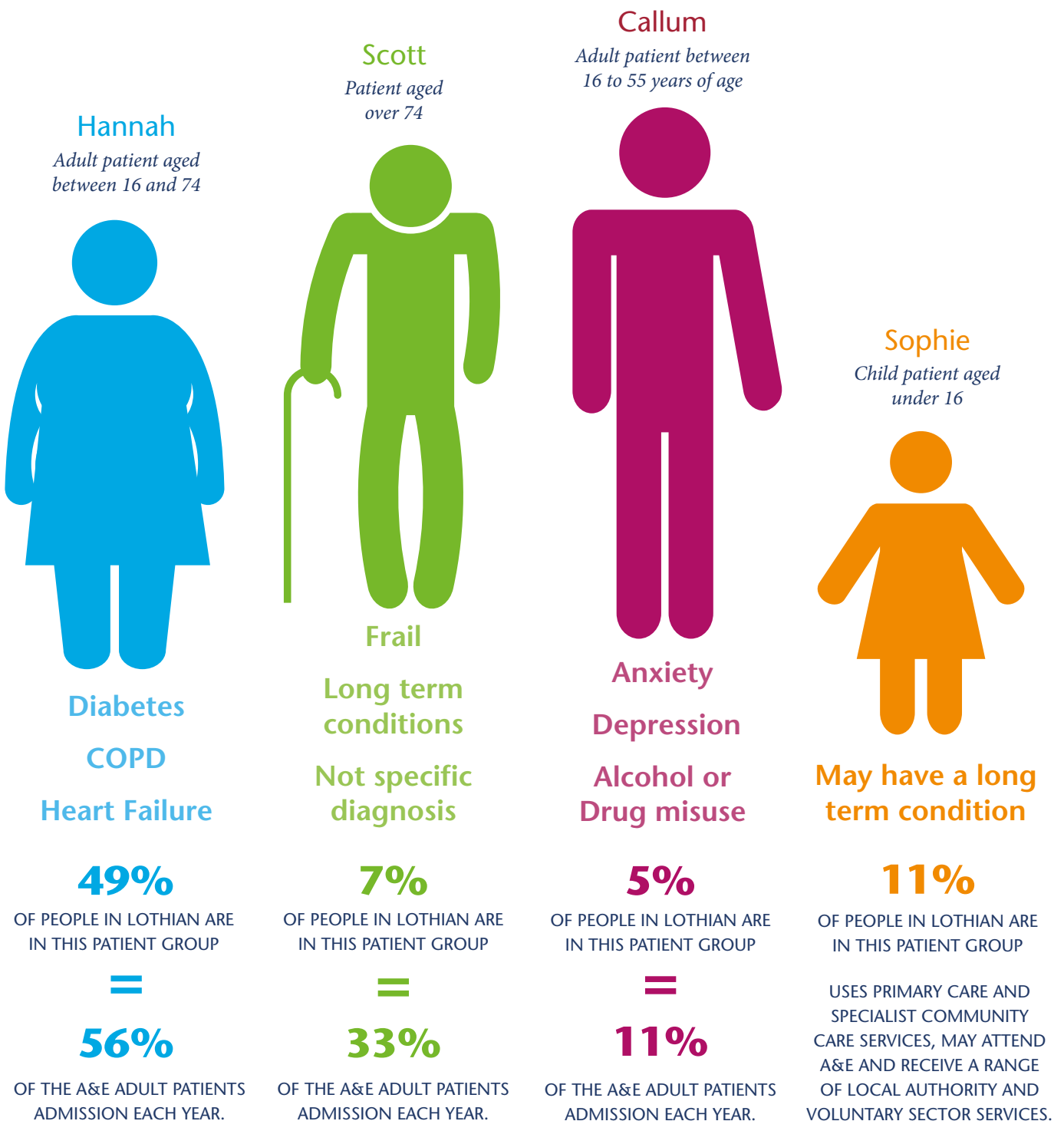
- Making it easier to access community care and GP teams
- Ensuring health and social care professionals work together
- Greater safety, for example by helping prevent falls and with better medicines management
- Giving people more control over their conditions
- Integrated care and support that promote independence, and wellbeing
- Whole system pathways which recognise people's multiple conditions
- Reducing health inequalities through specific health actions and supporting wider actions with community planning partners
- Using research and innovation to improve care for people with multiple conditions.





## MAKING SERVICES WORK FOR YOU

Four names will become very familiar to NHS Lothian staff and partners as we redesign services to put patients first. Callum, Hannah, Scott and Sophie represent patients of different ages, lifestyles and backgrounds with all the same healthcare needs as the rest of us. One way we put patients first is by planning service changes on the basis of how it would benefit each of them.





## BRINGING CHANGE

**The people who care for you:** Our workforce is changing to better meet the needs of patients. Many healthcare professionals are learning extra skills – this breaks down barriers and allows the most specialised staff to concentrate on the most complex work.

In future we want more specialists who are normally based in hospital going out into the community. We can also make consultations easier with telehealth and telecare.

It is increasingly difficult to recruit enough doctors in certain areas, such as emergency medicine, paediatrics and smaller surgical specialities and some specialised services are too small to provide the best outcomes for patients. Where this happens we will assure the highest standards by concentrating them together.

We need to ensure that the right services are available seven days of the week and at all times of day. We will work with staff to find ways of changing and extending working hours, and increasing productivity, while being a family-friendly employer.

Respect and compassion for patients and colleagues is fundamental. Our draft strategic plan highlights the need for all staff to be clear about the values and behaviour expected of them. Equally, NHS Lothian will make sure that staff are included in decisions that affect them.

**Better IT:** We need to improve the way we use IT systems to speed up service and improve safety. We must become “paper light” so information is shared electronically, securely, accurately and immediately

with all who need it – including patients.

**New partnerships:** Better healthcare means working in partnership. By April 2015 we will have Health and Social Care Partnerships fully up and running for Edinburgh, West Lothian, Midlothian and East Lothian. These will bring together NHS Lothian with local authorities, communities and other stakeholders to provide or commission the services needed in their areas.

**Finance:** We need to create £400 million in efficiency savings over the next 10 years while pushing care standards up and meeting growing demand. Investment choices will be based on healthcare needs, safe and seamless service models, and our ability to raise productivity.



Artist's impression of new REH.

We must become “paper light” so information is shared electronically, securely, accurately and immediately with all who need it – including patients.



Efficiency and innovation must be core building blocks for a sustainable financial future. We will become more efficient by:

- Benchmarking services by comparing with the best and striving for improvement
- Reducing unnecessary variation in clinical practice and outcomes
- Using any major change to improve cost effectiveness
- Encouraging the public to become involved in their health care decisions and help reduce avoidable demand.

We have identified proposed criteria for

our decision-making, assessing plans to ensure they are safe, effective, person-centred, timely, effective and efficient.

**Property:**

Our strategy has been to determine how best to use our largest hospital sites by commissioning masterplans to shape their future development. Some of our smaller older sites will no longer be needed, while others are proposed for redevelopment with our local authority partners to provide innovative new facilities for older people and others with longer term care needs.

## OUR QUESTIONS TO YOU

This consultation is all about getting as many views as possible on our draft strategic plan. These will all be taken into account before the plan is finally agreed. Below are some questions we would particularly like people to consider.

- Does this plan address the most important issues?
- Have we missed anything really significant? If so what?
- Is there anything else you would like to tell us before finalising our Strategic Plan?

You are not limited to answering these questions, so please feel free to raise any points you feel are important about the Strategic Plan.

### Further information

If you would like fuller details on our thinking and our proposals you will find the full draft Strategic Plan on our website [www.nhsllothian.scot.nhs.uk](http://www.nhsllothian.scot.nhs.uk)

Many parts of our draft are developed from other NHS Lothian, or Scottish Government plans and strategies. These are detailed in the full draft strategy and are also available on our website should you wish to read them.

To request a paper copy please contact **0131 465 5548** or e-mail [OurHealth.OurFuture@nhsllothian.scot.nhs.uk](mailto:OurHealth.OurFuture@nhsllothian.scot.nhs.uk)

### Having your say

To take part in this consultation you can complete the on-line questionnaire at [www.nhsllothian.scot.nhs.uk/OurOrganisation/OurHealthOurCareOurFuture](http://www.nhsllothian.scot.nhs.uk/OurOrganisation/OurHealthOurCareOurFuture)

e-mail us at:

[OurHealth.OurFuture@nhsllothian.scot.nhs.uk](mailto:OurHealth.OurFuture@nhsllothian.scot.nhs.uk)

or write to:

**Professor Alex McMahon**

Director of Strategic Planning,  
Performance Reporting and Information,  
NHS Lothian, Waverley Gate,  
2-4 Waterloo Place, Edinburgh EH1 3EG.

The consultation period runs until 8th August 2014.



### What next

#### MAY TO AUGUST 2014

Meetings with patient groups, staff, independent contractors, partnerships, Councils, Scottish Government and other stakeholders to analyse patient pathways, consider options and develop specific proposals.

#### AUGUST TO SEPTEMBER

Feedback from the consultation is incorporated into the plan.

#### OCTOBER

NHS Lothian Board to approve final Strategic Plan.

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Our Values  
Into Action