Paper 1

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NHS Grampian

Health and Care Framework

Summary

The first stages of the development of the Health and Care Framework have gathered a large amount of information and proposals on how the health and care system should change in Grampian. This has been organised into a number of overarching principles and areas for further development. A key issue for NHS Grampian following the agreement of the Health Plan in 2010 has been the need to be more specific about what radical change means, and what needs to be done to provide a sustainable model of health and care.

This paper sets out the principles and areas for future development and outlines a possible future for 2020 as a means of being clear about the way forward. This is **not** a plan but is a positive description of what is possible if there is consistent implementation of good ideas and activities, many of which are already underway.

Introduction

1. NHS Grampian is the lead agency for health and healthcare within the Grampian area. The Grampian Health Plan was approved in 2010 and provides the strategic background for the development of the system of health and health care. The Health and Care Framework (H&CF) aims to be specific about how health and health care should develop and improve but it is acknowledged that this can only be developed and improved in partnership with a wide range of partners.

2. The emerging H&CF was discussed at a major stakeholder event on 3 March 2011 involving around 140 delegates representing staff, the public, local authorities, the third sector and the Scottish Government Health Directorate. This paper summarises the proposed health and care system, the principles and proposed areas for practical implementation based on the output from the first stages of the H&CF, and the discussion and debate at the stakeholder event in March.

3. The detailed description of the health and care system in annex 1 converts these proposals into a possible future for NHS Grampian in 2020. This is based on the consistent and comprehensive implementation of the proposals gathered during the first stages of the H&CF process, and many existing examples of good practice. It is a potential scenario for the future to guide formulation of detailed actions in the coming months with partners and was broadly accepted by those attending the stakeholder event to be the foundation upon which specific decisions regarding the future system can be based.

4. Much of the discussion at the stakeholder event related to the need for an individual focus. The practical 2020 description has also been stated from an individual or public perspective (see annex 2) to indicate how the significant changes proposed may impact on members of the public. This perspective has been developed with the public representatives who attended the stakeholder event.

5. Ensuring sustainability, quality and affordability have been major concerns in the process so far. An explicit concern has also been how the financial constraints experienced now will shape the health and care system in the future. It is clear, however, that the approach in Grampian should be consistent whatever apply at any particular time i.e. there should be a constant focus on clearly identifying need, anticipated health outcomes, and maximising quality and efficiency at all times to get the best out of whatever funding is available. The availability of resource at any particular time may only have an impact on the pace of movement towards the long term aims.

The Future Health and Care System

6. The next stage of the H&CF will be the development of an action plan, subject to Board approval, on 5 April 2011. Annex 3 sets out some possible high level actions which have been highlighted through the earlier stages of the development of the H&CF. These will focus the debate about what should be included in the action plan. The identification of actions will start formally in April 2011 involving a wide range of groups and stakeholders. Subject to consultation and approval, the finalised H&CF Action Plan will be submitted to the NHS Grampian Board in October 2011.

7. A large amount of information and advice have been provided by managed clinical networks (MCNs), pathfinder projects, the management structure and the clinical advisory structure in the first two stages of the H&CF.

8. This information and advice, together with the NHS Scotland Quality Strategy's six dimensions of quality, clarify the overarching principles that need to guide the further development of the H&CF and confirm the specific areas that should be developed in detail at the next stage of the H&CF process. These are summarised below.

Overarching Principles

9. **Integration of health, social and individualised care:** The main focus is to integrate services to ensure that individual treatment and care is managed across the whole system. In practical terms this will require the application of information and communications technology (ICT), and the re-organisation of primary, community and acute care to make sure that this happens as a matter of routine. This will further support our strategic focus in ensuring that the right care is delivered in the right place, at the right time and by the right person with the right skills.

10. **Health improvement and inequalities focus**: Identifying and reducing inequalities will remain a priority in order to reduce the widening health gap. It is necessary to become more systematic in identifying and reducing health inequalities in access/use of services, and health outcomes between the advantaged and disadvantaged. The Health Promotion Framework will guide NHS Grampian in its role as a service provider, employer and partner to direct

action aimed at individuals, environments, public policy and the reorganisation of health services.

11. **Large scale application of best practice:** The Grampian Health Plan states that there needs to be radical change if we are to achieve the strategy and priorities set out in the Plan. However, the work done in the first stages of the H&CF clearly indicates that radical change is currently taken forward in Grampian but is often small in scale and with impact limited to individual services or areas. The main challenge is to ensure good practice and systems are applied comprehensively and consistently throughout Grampian to benefit from a combined effect.

12. **Re-allocation of resources to target need and deprivation:** There is a clear requirement in the Health Plan, and in national policy, to target need and deprivation with the aim of maximising equitable population health. The re-allocation of resources to communities and services based on need, with need and deprivation being a positive influence on decision making.

Main areas for detailed implementation

13. As indicated above, stages one and two of the H&CF process have provided huge amounts of information from MCNs, pathfinder projects and many other groups. Much of the information and advice is specific to a service or area, but there are many points which are common and help to identify broad areas which require a concerted effort to achieve the radical change sought in the 2010 Health Plan. The following paragraphs identify these areas.

14. **Organisation of healthcare around communities:**

- Integration of healthcare around communities which will see the grouping of primary care resources and alignment of the groupings with acute services as appropriate
- Development of community pharmacies as community resources
- Alignment with acute services and joint ownership of acute resources within pathways of care
- Community resource centres – the creation of facilities to provide a focus for health and care appropriate to the size and needs of the population

15. **Reducing the need for inpatient care**:

- Actively developing more opportunities for home and community based care through partnership working with local authorities, the third sector and communities themselves
- Planned re-use of existing inpatient resources – revenue funding, capital funding, staff, buildings etc
- Creation of a new infrastructure for healthcare with less emphasis on buildings, but with more emphasis on technology, more innovative use of community resources, and ensuring that the facilities that are necessary for healthcare are well maintained and equipped

16. **Developing and empowering communities**:

- Working with partners to seek the participation of individuals and communities in the promotion of health and supporting the more efficient use of health resources
- Provide a focus for public health improvement in communities
- Specific plan for community/public/voluntary/private sector involvement, including a more active specification of needs and support required
- Focus on communities and common good – not just on high risk individuals
- Empower communities to control their futures and create tangible resources such as services, funds and buildings. This will be supported through partnership working of the NHS and other partners.

17. **Improving access to acute services:**

- Decentralising access to acute services as guided by patient outcomes, safety, critical mass and sustainability.
- Implementation of Information and Communications (ICT) infrastructure
- Implementation of Clinical Guidance Internet (CGI)

18. **Transform services for older people**:

- Focus on partnership working with local authorities and the third sector through the Change Fund
- More rapid move from inpatient care to home/community care

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Annex 1

The NHS Grampian 2020 – A Possible Future

1. NHS Grampian has agreed its Health Plan and has embarked on its Health and Care Framework (H&CF) process to determine in detail how health and care will change over the next 5-10 years.

2. The following is **not** an agreed plan but a description of a possible future based on the discussions and ideas put forward during the development of the Health Plan and the various stages of the H&CF process. It is written from the perspective of someone in 2020 describing the health system and looking back at how it was achieved.

3. It is also not intended to be comprehensive and cover every part of the system but aims to give an indication of the level of detail that is necessary to move forward.

In 2020.....

4. The health of the people of Grampian, and the health service in the area is radically different compared with how it was in 2011. People are healthier because they take responsibility for their own health and participate in screening programmes. There has been a reduction in premature death in conditions such as cancer, heart attacks and stroke and a reduction in incidence of depression. This in turn has meant that the people of Grampian are less dependent on the health service – primary care, community care and acute care. When health services are needed, they are more efficient and tailored to individual needs. This focus on the individual has been made possible by the release of staff, funding and buildings from more traditional ways of working to create the new NHS in Grampian today in 2020. The focus on the individual has been undertaken in partnership with local authorities and the third sector who, since 2012, provide a cohesive service specifically for children, older and vulnerable people.

Previous Major Change in Grampian

5. The health service in Grampian is almost unrecognisable compared to how it was in 2010. The changes to acute, community and primary care are similar in scale to those which transformed mental health, learning disabilities and long stay care for older people in the 1980's and 1990's. For those services in the 1980's large sections of the public, staff and patients could not believe that patients could be safely cared for in the community with little need for traditional inpatient care and centralised treatment.

6. Acute, community and primary care in 2020 has gone through a similar transformation following the agreement of the Grampian Health Plan in 2010 and the decisions made in the H&CF process in the following years. The health service in Grampian is now regarded as the model for a caring, listening and improving health system in the UK and is regarded internationally as a model of integration, partnership working and public participation.

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Integrated and "Person Centred"

7. In the early years of the transformation, the NHS Grampian Board responded to the call from the public, staff and partners to be clear, honest and straightforward – the impact of the global economic situation was clear and there was agreement on the need to move on from stating high level aspirations like "shifting the balance of care" to specific actions which created certainty of change within Grampian.

8. The main theme which guided the transformation was integration. People in Grampian have not used the term "shifting the balance of care" for many years. The term implied moving from one part of the system to another. Integration of treatment and care was the real issue, and the need to bind together the work of all partners in health and care in a simple and practical way was the main priority. The "shift" agenda also implied movement from hospital to community care whereas the H&CF process established that care at home or in a patient's community was the unequivocal aim with the most appropriate person with the right skills delivering the care. This has also generated greater public and community responsibility, which has been supported by joint working between the NHS, local authorities and other partners.

Primary and Acute Care Integration

9. During 2011, it was recognised that the integration of primary and acute care was essential, and the need for clinicians in one part of the health service to have a stake in the other was a major objective. Also during 2011 a number of initiatives in Grampian relating to the grouping of practices – clusters in Aberdeen City, localities in Aberdeenshire and the GP federation in Moray – were taking shape. These initiatives sought to share resources, integrate primary care teams and align with acute services. In 2012 these initiatives were developed on a Grampian basis and there are now nine practice groupings, now known as primary care groups which have catchment populations of between 40,000 - 90,000 and are geographically based on natural communities.

10. The primary care groups are now the fundamental building blocks for health and care within Grampian to organise care on a local basis, integrate community health and social care, and integrate primary and acute care on a Grampian basis.

11. Each of the groups has aligned acute clinicians to support the development and delivery of pathways and protocols. The alignment has proved to be extremely successful – it was not highly structured but started to provide a mechanism for communication, information sharing and feedback on referral rates, clinical practice and the deployment of resources. In general it provides the benefits of commissioning without the bureaucracy and transaction costs.

12. The terms "acute" and "primary care" are never used in 2020 as the acute hospital resources at Aberdeen Royal Infirmary (ARI) and Dr Gray's are, in effect, owned collectively by the clinical community with the primary care group lead clinicians and lead acute clinicians acting as the clinical management board for the hospital. This dynamic created the opportunity to significantly reduce the number of inpatient beds in these hospitals partly through greater efficiency and partly through the release of resources to invest in maintaining people at home or in their communities. Resources released from the organised reduction in of inpatient beds were also used to invest in technology and diagnostic services to

improve screening and speed up the treatment and discharge processes. This approach was not only applied at ARI but to all services provided by NHS Grampian.

Access to Treatment

13. Attendance by patients at Foresterhill and Dr Gray's for traditional return outpatient clinics stopped in 2015. Before 2011 a number of clinicians used telemedicine or telephone consultations for routine outpatients. Whilst there were some patient and clinician concerns, it was agreed during 2011 that this method should be applied for the vast majority of return and routine outpatients. The impact of this was to decentralise access to acute clinics as specialist clinical advice was, in effect, accessible from patient's homes, health centres and a wide range of community locations. A further effect was to significantly reduce the capital funding needed to invest in upgrading outpatient clinic facilities at ARI. In 2020 it is interesting to look back at the early years when tens of thousands of people travelled to Foresterhill, and had the anxiety of finding a parking space or travelling by bus, to see a clinician for only a very short time.

14. The change in approach to routine outpatients was followed by an agreement in 2013 that all ambulatory care at Foresterhill and Dr Grays should be organised on a "one stop" basis. This one stop approach streamlines access to diagnostic facilities and clinical decision making with the result that 90% of all patients attending one stop clinics are given a diagnosis and treatment plan on the day of attendance. This approach further reduced the number of patients travelling to the Foresterhill and Dr Gray's Hospital and the need for admission to hospital.

Application of Technology

15. NHS Grampian made progress in the years 2011 to 2013 to develop an electronic health record system that allowed clinicians to share information about patients and allowed patients to access some of their data. This record system enabled new workflows between the hospital and the GP practices and changed the nature of the referral process. GPs were able to ask for advice by email and to share their decisions with patients electronically. A request to attend a face-to-face clinic appointment came from the consultant directly to the patient. "Please book yourself an appointment in X clinic within the next four weeks".

16. These changes allowed the hospital sector to develop booking systems for clinics that could be accessed directly by people from their phone or computer. A call centre handled requests for those without computers. This method reduced anxiety about waiting times and allowed much more personal links between the patient and the professional services. It was part of a general trend towards personalisation of care in the local authority and health sectors.

17. The Clinical Guidance Internet (CGI) which was developed in Grampian in 2011 became fully operational in 2012. The success of the CGI resulted in its adoption across the whole of Scotland from 2014. CGI has revolutionised the way that clinicians, health and care professionals, patients and carers obtain clear and comprehensive information about health and care services by acting as a health and care "Wikipaedia". CGI has been a major influence in integration by allowing everyone to know what is available, when, and how to access it. The many discussion forums also mean that it is an active and lively method for clinicians and care staff to provide feedback and change practice.

18. Technology has also revolutionised the working lives of non clinical staff. NHS Grampian in 2020 spends only one tenth of what it spent in 2010 on office accommodation and health records storage. No one has a dedicated office with all other managers and administrative staff working from home, hot desk, on the move, or a combination of all methods.

Community Responsibility and Support

19. The new approach to primary and community care could not have been possible without the participation of the public and communities in the whole system of care. The work done through the H&CF resulted in communities taking ownership of their part of health and care services by using services and facilities responsibly, actively promoting health and healthy living, and providing a network of community support aimed specifically at maintaining people in their own homes for as long as possible.

20. A range of community support organisations were established by 2014 – some of these have a paid organiser and they are the focus for voluntary sector activities within communities. They provide a range of support from help with telemedicine clinics, transport to healthcare facilities and looking after patients who live alone thereby avoiding admission to an inpatient facility. The support organisations' care workers are largely voluntary but they participate in a discount scheme developed in 2015 by local and national businesses as part of their contribution to the health of Grampian.

21. The person centred NHS which was a feature of the NHS in Scotland Quality Strategy in 2010 has been taken forward with enthusiasm in Grampian. A major effort was made to not only to put patients at the centre but also their carers. Through a number of initiatives, linked to the focus on communities, carers are now regarded as a fundamental part of the health and care system and a high level of personal support is provided by the NHS and partner organisations.

New Model of Care for Older People – the Change Fund

22. A major contribution to the transformation came in 2011 when the opportunities presented by the Change Fund were exploited by NHS Grampian together with Aberdeen City, Aberdeenshire and Moray Local Authorities, and the third sector. When the Change Fund was introduced in 2011, NHS Boards and local authorities were urged to be bold to meet the challenges posed by the increasing numbers of older people requiring care and support. This challenge was grasped by the agreement between NHS and local authorities to provide assessment at home for patients with complex needs on the day of discharge from hospital. The wait for assessment by social work after the clinical treatment episode has been completed. Initial funding to facilitate immediate assessment and support at home was allocated from the Change Fund. Between 2012 and 2015 this source of funding was stabilised by resource transfer from NHS to local authorities when the requirement for inpatient beds in ARI, Dr Gray's and community hospitals reduced sufficiently to allow inpatient areas to be closed. This arrangement for immediate assessment and start of care at home reduced complications of inpatient stay for older patients, such as confusion, institutionalisation, falls, and hospital acquired infection. The combination of these effects resulted in improved quality of individualised care and a dramatic reduction in the requirement for inpatient beds in Grampian.

Unscheduled Care

23. After the Emergency Care Centre in Aberdeen was completed, the Grampian unscheduled care network service became operational in 2013. The network initially involved telelinks between the community resource centres with emergency departments in Aberdeen, Elgin, Orkney and Shetland. Ambulance vehicles also link in to the network and paramedics and GMED clinicians can link in from patient homes. The information platform is provided by NHS 24 supplying emergency clinicians with data in the form of emergency care summaries, medication lists, details of next of kin (carers if appropriate) and patient preferences relating to treatment. The emergency clinician links in to the network for decision support relating to immediate treatment and destination of the patient. Treatment is provided at home, in the nearest community resource centre or in one of the emergency departments. The emergency departments provide decision support to each other in terms of the interpretation of radiology, treatment of heart attacks, stroke, and trauma. In 2015, emergency departments in Highland and Western Isles joined the network and plans are afloat to expand the network further afield. The unscheduled care network allows instant treatment for patients, has reduced unnecessary transport, and has greatly enhanced the sustainability of local emergency stations.

Re-shaped Infrastructure and Targeted Capital Funding

24. The new health and care system in Grampian not only reduced the need for inpatient care in hospitals like ARI but also in community hospitals across the area. The period from 2011 to 2020 saw a redefinition of community hospitals, community resources and public involvement. During the H&CF process it became clear that many community hospital buildings were not fit for purpose and their distribution in Grampian in many cases was the result of decisions made decades before.

25. Many health centres and other community facilities were also outdated and inappropriate for the delivery of modern clinical care. This stimulated the formulation of a community infrastructure programme in 2013 which, by 2020, has replaced all ageing health centre facilities with multi agency resource centres. These centres are the hub of health and care in Grampian delivering NHS and social care, and are a focus for community participation. The resource centres are different in different communities but all have the core function of supporting a level of treatment and care consistent with the size and needs of the community's population.

26. The clarity of vision inspired and mobilised communities to create certainty for their own facilities has allowed NHS capital investment to be combined with the local authorities and other public sector bodies, voluntary sector, private sector and, in some cases, community fundraising. In 2011, NHS Grampian was facing the need for huge expenditure in many outdated facilities. The new approach stimulated community participation and much better value for the NHS and other public sector funding that was available. In some areas existing community hospitals were used as resource centres, in others completely new facilities were developed often including the replacement of outdated health centres. This approach was not new – it had been done successfully in Maud in 2008 with the opening of the Maud Resource Centre and the subsequent closure of the community hospital.

27. The rationalisation of facilities in Aberdeen took a major step forward in 2014 when the plan for older people's services was fully implemented. This resulted in the closure of the outdated South Block building at Woodend Hospital. This inpatient facility was replaced by a range of community services developed through the Change Fund process, and supported by the Aberdeen Health Village which opened in 2013. This was followed by the relocation of elective orthopaedics to the Foresterhill campus in 2016. This move preserved the separation of elective and emergency orthopaedics as a similar elective/emergency separation had been achieved for most other acute services when the Emergency Care Centre opened in 2012.

28. ARI itself was transformed by 2017. Until 2011 the Infirmary struggled to maintain a focus on specialist treatment for the most ill patients or those requiring care which can only be safely delivered in specialist facilitates in Grampian. ARI was always regarded as the option of last resort i.e. admission to ARI was the default if other parts of the NHS system did not work. As a result of the alignment with primary care groups and the co-ordinated approach of the primary care group leads, the skills and resources at ARI are now only applied as part of an integrated pathway of care – whilst continuing in its role as a major teaching and tertiary centre in the UK, ARI is regarded as a focus for providing specialist care within the integrated system with the aim of getting people back home as soon as possible. In physical terms ARI now has the most modern facilities available, with around half of the inpatient beds needed compared with 2011, and a well resourced ambulatory care centre in the former Phase 1 building focusing on one stop clinics.

29. Other major facilities, including Dr Gray's hospital, the Children's Hospital, Maternity Hospital and facilities for mental health services all benefited from a much more focused approach to treatment and care in the community. This allowed the facilities to concentrate on the delivery of specialist care, in addition to further developing their roles as major teaching and tertiary centres in the UK.

30. The health infrastructure in Grampian is the most efficient and highest quality of any health authority in the UK. The service changes over the past ten years have entirely eliminated the buildings risks valued at £300m in 2011. Through innovative ways of developing community ownership, the use of the hub public/private mechanism and the partnership with local authorities, voluntary and the private sector, NHS Grampian now has only two directly owned facilities i.e. the Foresterhill/Cornhill campus in Aberdeen and Dr Gray's Hospital in Elgin.

31. Between 2011 and 2020 the resources that would have been used to repair outdated buildings and equipment were instead used to support the new model of community care and to provide extensive information and communications technology across Grampian. It has been the routine for many years for people to receive specialist clinical advice and care using this technology in their own homes. If it requires the support of a healthcare worker, the technology in a community resource centre can be used. GPs and other primary care staff have access to imaging facilities in the community resource centres and the images can be sent electronically for a radiologist opinion anywhere in the country within 24 hours. People who are acutely ill can be maintained in their own homes safely and effectively with the use of remote monitoring and support as appropriate.

Conclusion

32. The health system in Grampian now fully reflects the high level aspirations of the first Healthfit in 2002 and expressed in subsequent health plans. This was achieved by our staff working jointly with the public, communities, local authorities and other partners by being clear and honest about the challenges, the needs of the population, the opportunities available and working together to agree and deliver the changes required.

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Annex 2

My View of Health and Care in 2020

Introduction

NHS Grampian is setting out how health and care will change over the next 5-10 years. This is a description of what these changes could mean to someone using services based on what the public, communities, staff and partners have told us. It is written from the perspective of someone living in Grampian in 2020.

We understand that this is an ideal scenario and it will take time for these changes to happen. We are also aware that these changes will only occur by continuing to involve and work with the public, communities and other partner agencies such as the local authorities, police and voluntary sector. This is not about the NHS saving money but is about providing the best care and services for the population, whilst using the resources we have as efficiently and effectively as possible.

My view as a member of the public

In the last nine years, the way my family and I accessed health and care services has changed beyond belief. At the time, I remember being a bit cynical about some of the proposed plans and changes, and whether they would really happen. I and some of my friends had concerns about some of the plans and whether they would really improve care. However, from my own experience things have definitely improved and there are plans to improve things further.

The main changes I have noticed over recent years are summarised below.

1. **I have more control over my illness and know when and who to contact when I need information or support.**

    - It's now much easier to get information and have questions answered about health issues and what services to access and when. I feel I'm much better placed to look after my own health now than I was a few years ago.
    - When I need to get more detailed information about my condition, the different professionals are able to access it from the one place. This adds to my confidence of the service.
    - Having better access to information and support has allowed me to have more control of my illness and I don't feel like the illness controls me. I can better manage my bad days and I know who to contact should I get worse.
    - Before, I didn't know where to get this information and often there were lots of different places. I didn't know what information was the most accurate and reliable. In the past, I found that sometimes different professionals were giving me different information and I felt confused.

2. **Those professionals with whom I come into contact have access to the right personal information they need to ensure I receive the right care. I also have an agreed plan of care which I developed and agreed with my family and the team of people who look after me.**

    - The different professionals involved in my care have access to my medical notes, blood tests and plan of care. I don't seem to have to keep telling them what's going on and answering the same questions, unlike a few years ago.

- They all have access to specialist information which means I feel like they are all working together to meet my specific care needs.
- I have an agreed plan of care of what to do if and when my condition deteriorates. Part of this has allowed me to be clear about what happens if my treatment no longer works and the type of care I want when I am in my last stages of life. I have said that I want to die at home with dignity and with my family around me.
- All the professionals (GP, community nurse, social worker, local pharmacist and the local support group worker) who are involved in my care have access to this plan so they know what has been agreed and what they need to do to support me. I update this plan with the community nurse at least annually or whenever there is a change to my condition or treatment.
- This again helps me feel in control of my illness and know that those around me know what I want or don't want.
- As the main carer for my mother, I am also involved in the development of her plan of care and I know where to get support and information when I need it.

3. **It now feels like one whole service. There are no longer different services that don't talk to each other or don't know what the other is doing.**

- I am told this is called 'integrated working' but, to me, it feels as if they are all part of one team looking after me and with the most appropriate person providing me with the right care at the right time and when I need it. It's clear that it's not just the NHS or the local authority but a mixture of people with the right skills who involve those from voluntary organisations and community groups.
- The best thing about this is that they all seem to know what's going on and know about my plan of care. I receive most of my care through a community support group and occasionally from social services if required. I meet with my community nurse once or twice a year, unless there's a problem, in which case I give her a call.

4. **Health and care is provided mainly in the community, in my home or at the nearest Community Resource Centre. Rarely do I go to a big hospital unless I need treatment that can only be provided there.**

- A few months ago, my GP and I decided that we needed more specialist advice about my condition. My GP arranged for me to discuss my health problems with him and the specialist – we did this and agreed a treatment plan through his TV screen. Years ago I would've had to wait for a hospital appointment at Aberdeen Royal Infirmary, find a parking space which was always stressful and then sit in a clinic waiting area just to get a brief consultation with a healthcare professional. My doctor would then wait weeks to hear what had been done and of any changes to my treatment.
- Community Hospitals have greatly changed. They now have a range of services such as social work, x-ray, scanning and local health clinics. They are also used by the community for things such as the Older People's Fitness Club, support groups, advice services, etc. These are now called Community Resource Centres - my nearest one is 12 miles away which I can access by the local bus or the voluntary patient transport service.
- I now get most of my tests in either the GP practice or at the Community Resource Centre instead of going to the hospital. My sister had an urgent assessment about a health problem. She did have to attend the hospital but

she got her assessment, all her tests, a diagnosis and an agreed treatment plan all on the same day.

- Years ago, I used to have problems getting an appointment at my local GP practice. I sometimes used to have to call several times to get an urgent appointment. This has all changed - I now call once and I either get an appointment or someone calls me back to discuss the problem and what needs to be done. For routine appointments, I now book on-line and receive confirmation by e-mail or text.
- Since GP practices began to collaborate and work together, a whole range of diagnostic testing and minor procedures are arranged locally.
- My son broke his leg last year and he was taken to the Emergency Care Centre in Aberdeen which opened in 2013. He had his surgery within a few hours and was discharged home the next day with a care plan which meant he received his rehabilitation at home and had support to look after his young daughter.

5. **I and others in the local community have much more say and involvement supporting health and care locally.**

- I'm much more involved in the community than I was five years ago. Through the local community support worker, the local council, NHS Grampian and voluntary organisations, we have set-up a 'Monday' and 'Thursday' lunch club for older people. They get their lunch and then have afternoon entertainment. The support worker links with the NHS, the council or a voluntary organisation if she has any concerns about anybody. We take lunch to those older people who can't attend and someone spends a few hours with them chatting and playing cards. I help out at the club and often take my neighbour who seems to really enjoy the afternoons.
- There have also been other local groups set up for people of all ages, such as mums and toddlers, a local youth forum, a dance class and an art class. These were all set up after the community support worker and some other locals did a survey to find out what the local people wanted. My niece attends the local youth forum. She seems to get involved in lots of different community work – she sits on the planning group for a new school. This group seems to have made her a much more confident girl who seems to have a very positive view on her life and the community.
- My neighbour also goes to the Public Participation Forum meetings to take part in discussions with health and care organisations about proposed changes to improve care in Grampian.
- There is also a local support group which was set up to support people like me who have a long term health condition. I attend this every fortnight and find it's really useful in helping me cope with my health problems. It's good to chat to others who know how you feel.

6. **Technology has made a big difference in how I receive my care - this was one of the plans which I had concerns about.**

- How I access information, care and services is very different from five or 10 years ago. The plan in 2011 was to do this through various technologies such as the internet, TV screens, telephone, texting to mobile phones, etc. I have never been confident with technology, but over time I have got used to it and it has made a big difference to getting the right information and the right care.

- I can now book my own appointments at times that are convenient to me and when I can get the local bus or find someone to take me.
- As I already said, it has made a difference to how I and those looking after me can get information and support, and also how they all know what my latest blood or scan results are.
- The biggest difference is being able to get my results over the phone rather than attending a clinic. If I need a specialist assessment this can be done through a computer or TV link.

7. **I read in the newspaper recently that because of all the changes over the last nine years, the number of beds in Aberdeen Royal Infirmary, Dr Grays and other hospitals have been significantly reduced. People no longer require to go into hospital as often as they used to, as they are now receiving more care at home, or in the community.**
    - It's great to see that people do not need to travel so far for routine healthcare, particularly if they are older. However, if they require specialist care in a hospital, we know that this is available. Receiving more convenient healthcare locally is better for carers and family members too.
    - Avoiding unnecessary visits to hospitals must only be a good thing, but when you do have to go into hospital, it is good to know that you get the right care when you need it and your risk of getting an infection is much lower than it was a few years ago.
    - I also read that as we depend less on hospitals, they are using fewer resources and this has allowed an increase in resources in the community such as, home care and community resource centres.

Paper 1

Annex 3

Grampian Health and Care Framework

Subject to Board approval of the H&CF in April 2011 the next stage will be to develop an action plan to enhance the existing health and care system. Some suggested areas for action planning and potential outcomes are shown below. These are based on the discussions to date and the comments and feedback from the stakeholder event on 3 March 2011.

Healthcare delivery across the whole system

- Develop scope, priorities and policies for telehealth & ICTs – *aiming to improve access to services*
- Agree the strategic relationship and business between statutory agencies (NHS & local authorities) and third sector bodies – *aiming to clarify functions as healthcare providers*
- Review outpatient resources to support rapid access and diagnostics – *aiming to improve patient experience and health outcomes*

Developing the healthcare infrastructure

- Develop a model for community health and resource care centres – *aiming to provide alternatives to traditional inpatient care*
- Prepare an infrastructure plan for Grampian which anticipates the changes that will be made and seeks innovative ways of providing community facilities – *aiming to align changes in healthcare delivery and to consider alternative approaches to ownership*

Health creation and health promotion

- Develop strategy and mechanisms for community development to address the wider determinants of health – *aiming to create an 'assets' approach to health improvement and reducing inequalities*
- Develop strategy for health promotion – *aiming to target support for health improvement effectively*

Integration and culture

- Agree strategy and mechanisms to achieve cross agency integration – *aiming to extend the benefits of working in partnership*
- Develop mechanisms to achieve professional integration within NHS Grampian – *aiming to improve pathways of care and clinical engagement in planning and managing services*
- Develop strategy and mechanisms to support staff through changes – *aiming to inspire and motivate staff in implementing new practices*

- Introduce widespread and on-going communication and engagement with staff, the public, community groups, organisations on the developing framework and model of care – *aiming to increase ownership of changes*

- Develop the Integrated Resource Framework and apply the agreed Resource Allocation and Decision Making Framework as the basis for high level resource allocation – *aiming to deploy resources effectively*

- Establish mechanisms to work with partners in education – *aiming to influence education and training with new models of healthcare delivery*

- Agree a consistent process for grouping primary care services with communities – *aiming to apply good practice and build community infrastructure*

- Identify 10 secondary care specialties for alignment with the community primary care groups – *aiming to integrate clinical services to improve patient pathways*

- Organise Grampian clinical management forum comprising community primary care group leads and acute care clinical leads – *aiming to develop collective ownership of the healthcare system*