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Waiting Times Improvement Plan

October 2018

Foreword

Our approach to health and social care is rooted in the right of people to have safe, effective and person-centred healthcare. Ensuring that we all have continuing, and improved access to high quality care is our guiding principle.

In Scotland we are living longer, meaning we are often living with more complex health conditions than in the past. These are not unique challenges to Scotland and are being experienced across Europe and beyond.

We have been focusing in recent years on shifting the balance of care to address the some of these evolving needs of the people of Scotland. However, increasing demand on our services makes it essential that we take action to guarantee our whole system of health and care has the capacity, co-ordination and workforce to deliver the best care possible in every setting.

We do so in an uncertain environment – not least the damage that EU Withdrawal will do to our health and care services – but we are determined to take decisive action.

As set out in our Medium Term Health and Social Care Financial Framework, we must continue both our significant investment and plans for reform to sustain our health service long into the future.

This Improvement Plan focuses on reducing the length of time people are waiting for key areas of healthcare. People are too often waiting too long to receive the help they need. As was set out in the Financial Framework, investment is predicated on the assumption that the funding the UK Government has promised through consequentials – following its announcements in NHS England – will be delivered as a true net benefit to the Scottish Government's budget. Clearly any actions by the UK Government which did not deliver this additional funding as a net benefit would be to the detriment of potential investment.

This plan takes account of the wider context of national, regional and local planning, health and social care integration, workforce planning, primary care development and the overall reform agenda. This includes the recognition of the relationship and impact unscheduled care demand will have on the capacity to deliver its objectives and we will work closely to agree a balanced approach to ensure patients' needs are met.

This Waiting Times Improvement Plan outlines the steps and timescales we will take, alongside significant and focussed additional investment to support this work. It sets out the clear deliverables over the next 30 months and how these will lead to improvements throughout this period.

Summary

We will invest a total of £535 million on resource and an additional £120 million on capital over the next three years to make a sustainable and significant step-change on waiting times. This comes in addition to our existing £200 million capital investment plan for delivering elective and diagnostic treatment centres. Our increased investment will support reforms to increase capacity where it is needed, reduce the number of people experiencing long waits, reshape delivery to ensure sustainable performance against targets in the future, and achieve the necessary shift in the balance of care to support this.

Over the next 30 months, the Improvement Plan will make a phased, decisive improvement in the experience of patients waiting to be seen or treated:

- By October 2019
  - 80% of outpatients will wait less than 12 weeks to be seen
  - 75% of inpatients/daycases (eligible under the treatment time guarantee) will wait less than 12 weeks to be treated
  - 95% of patients for cancer treatment will be continue to be seen within the 31-day standard

- By October 2020
  - 85% of outpatients will wait less than 12 weeks to be seen
  - 85% of inpatients/daycases will wait less than 12 weeks to be treated

- By Spring 2021
  - 95% of outpatients will wait less than 12 weeks to be seen
  - 100% of inpatients/daycases will wait less than 12 weeks to be treated
  - 95% of patients for cancer treatment will be seen within the 62-day waiting-time standard

Similar action is being taken in parallel with mental health waiting times through the recent Programme for Government announcements and the ongoing Task Force led by Dame Denise Coia. Further details on this will be announced by the end of this year.

The Waiting Times Improvement Plan will:

- Increase capacity across the system by expanding capacity at the Golden Jubilee Hospital (through 2019/20) and bringing unused physical capacity on stream (by October 2019) – in addition, we will accelerate the delivery dates of the existing Elective Centre Programme, meeting the commitment made in 2016 to invest £200 million in elective centres

- Increase clinical effectiveness and efficiency by implementing targeted action plans for key specialties and clinical areas (from October 2018) and mainstreaming key productivity improvement programmes, such as rolling out the virtual attendance potential of 'Attend Anywhere' (from December 2018)
- Working alongside local communities and those who use services, design and implement new models of care by accelerating whole-system design of local patient pathways through health and social care integration and driving regional service reconfiguration to the benefit of patients through the regional delivery and national Boards' plans (through 2019/20)

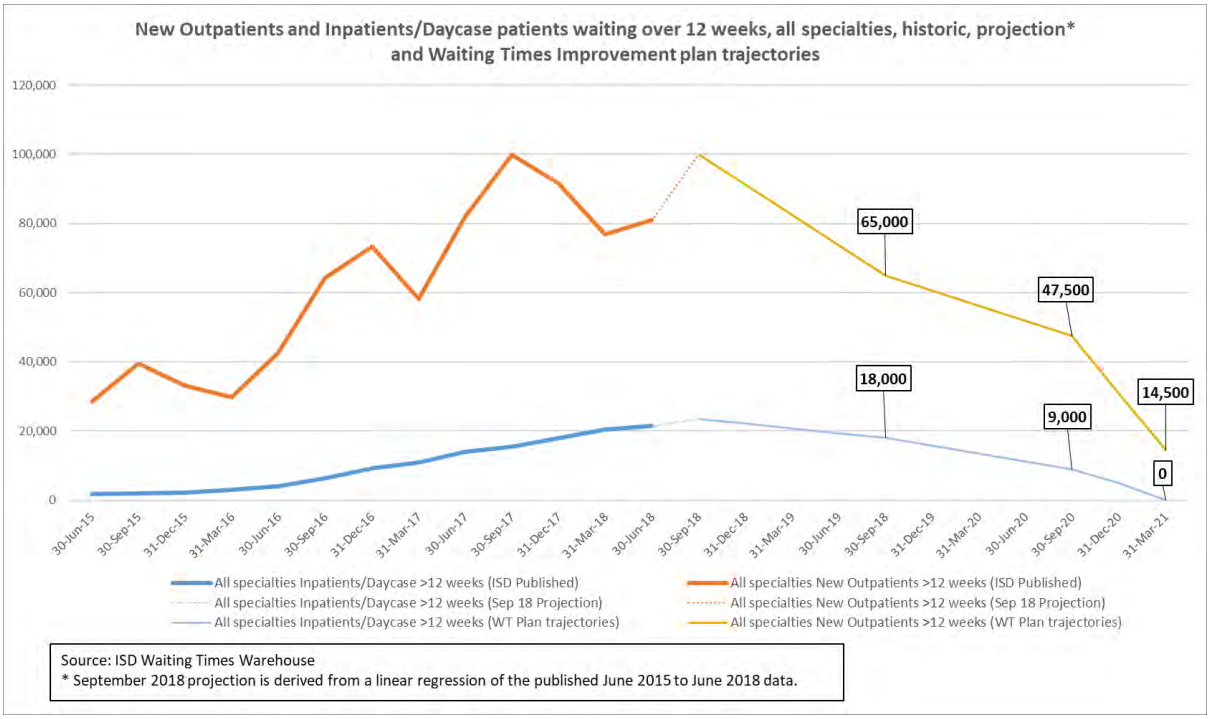
Action with the workforce is crucial to achieving this. Over the next 12 months, we will:

- Enhance workforce capacity in key specialties such as urology, dermatology, and general surgery
- Initiate investment of £4 million in domestic and international recruitment
- Improve career pathways for key specialities such as Advanced Nurse Practitioners and General Nurses

The Plan

Timely access to care is a critical aspect of delivering better health and care, and we recognise that performance in key areas such as waiting times must improve substantially and sustainably. NHS Scotland delivered 282,000 inpatient and daycase procedures and almost 1.4 million outpatient attendances in 2017/18 – but as of June this year, there were around 81,000 patients waiting over 12 weeks for an outpatient consultation, and around 21,500 patients waiting over 12 weeks for inpatient and daycase treatment. Figure 1 shows the number of patients waiting more than 12 weeks, based on this last published set of figures. It also shows the anticipated trajectories in waiting times, taking account of the publication of this plan in October and the phased impact of the action set out here.

Figure 1: Trends and trajectories in outpatient, inpatient and daycase waiting times



The Waiting Times Improvement Plan sets out a range of actions that will deliver major change in access to care. Its actions are short term – with clear deliverables at different points over the 30-month timeframe – but within a wider framework of comprehensive reform of the heath and care system, as set out in the Health and Social Care Delivery Plan we published in December 2016. As Figure 1 shows, as the Improvement Plan is implemented from October 2018, it aims to achieve a sustainable improvement in waiting times by Spring 2021, so **95% of outpatients will wait less than 12 weeks to be seen and 100% of inpatients/daycases eligible under the treatment time guarantee will wait less than 12 weeks to be treated.** The action will be phased, so that over the first 12 months, there will be clear, significant improvements in the time for people to be seen or treated.

Action will be taken to reduce all waiting times, and the treatment of urgent patients and those with a suspicion of cancer will be a particular priority. **For cancer treatment, 92% of patients will be seen within the 62-day waiting-time standard by October 2020, and 95% by Spring 2021. Moreover, by October 2019, the whole country will continue to see 95% of patients being seen within the 31-day standard**.

This ambition will require a whole-system approach spanning hospital, primary and community, and social care. Solutions will be different in different areas of the country and for different specialties, but the drive for improvement will be national in scope. Over the next 30 months, this will result in the phasing of improvement for outpatients and those with Treatment Time Guarantees set out in Table 1. By the Autumn of next year, those improvements will be continuous and sustainable, and by early next year, patients will be experiencing those improvements directly.

These continuous improvements in performance will increase at different rates over the period to ensure that improvements in one area do not have a detrimental effect on other areas of the system.

Table 1: Trajectory of improvement

Timescale for trajectory delivery (ongoing waits)	Number of outpatients waiting longer than 12 weeks	Outpatient performance	Number of Treatment Time Guarantee patients waiting	Treatment Time Guarantee Performance
September 2018*	100,000	70%	23,500	69%
October 2019	65,000	80%	18,000	75%
October 2020	47,500	85%	9,000	85%
March 2021	14,500	95%	0	100%

***** – September 2018 figures are based on a linear regression of June 2015-June 2018 data.

Achieving this will require a focused, intense programme of work that accelerates action already underway. The Improvement Plan is underpinned by a set of principles, aims and actions that will make a huge impact on patients getting the right treatment as quickly as possible:

- Clinically urgent patients should be seen first as a matter of priority
- Patients should be seen within expected timescales
- Care should be provided at or near home, and patients should not have to travel unless there is benefit in them doing so
- Pathways for clinical care should be clear and transparent – published and available for everyone to see

The Improvement Plan will be backed by significant additional funding. As well as the funding uplifts that NHS Boards receive each year, additional in-year funding will be

provided to support access performance. Over the next three years, we estimate that total funding of £535 million on resource and £320 million on capital will be required to support the actions in this plan. This includes investment to address those people who are currently experiencing long waits and funding to support services being taken forward with improved sustainability.

By providing this additional funding over several years, together with the three-year funding cycle recently announced, NHS Boards will be able to plan with greater certainly and deliver greater value for money. We expect that the best use is made of existing resources and that Boards will continually identify efficiencies through more effective ways of working. Boards will be required to provide detail on how investment will be used and what performance improvement follows.

For this investment, the Improvement Plan will take action in three areas, discussed in turn. It will:

1. Increase capacity across the system. More capacity is needed to drive greater improvement. That will require accelerating our current programmes of investment in new capacity as well as putting in place new approaches to get the most out of the existing capacity in the system.
2. Increase clinical effectiveness and efficiency. Improvement must be driven by clear clinical priorities that ensure that we act where the pressures are greatest, whilst recognising that the solutions will be specialty-specific, focused on improving clinical quality, and will be locally driven as well as national in scope. Work will focus both on the needs of particular specialties and clinical areas as well as cross-cutting enablers such as how the workforce can support improvement and the role of new developments in digital technology and innovation.
3. Design and implement new models of care. The improvements in this plan are not limited to single services or localities. They are part of a wider reform of the system of health and care undertaken alongside communities and those who use services to ensure that all our services are focused on improving access to care sustainably and substantially. We need to shift the balance of care quickly and effectively: this means co-ordinated action to change how services in primary and community care and at regional level are designed and delivered.

Increasing Capacity across the System

There is already a programme of investment in infrastructure that will improve waiting times, particularly in establishing a series of new elective centres. The Elective Centre Programme will provide additional capacity for a growing population up to 2035 and infrastructure to meet the needs of an elderly population that will be 25-30% higher than at present.

The centres will deliver additional capacity for CT and MRI, outpatients, day surgery and short-stay theatre procedures for several specialties including orthopaedics, ophthalmology and general surgery. Under current timescales, the first of the new facilities is due to open at the Golden Jubilee National Hospital in early 2020. The NHS Highland and NHS Lothian centres, along with the second phase of the Golden Jubilee, will open during 2021. Elective centres in NHS Tayside and Grampian are currently planned to open in early 2022. Beyond the elective centres, there are also plans for the Eye Pavilion in Edinburgh to open in early 2022.

Through the Improvement Plan, delivery of the Elective Centre Programme will be accelerated. We will review the existing timescales set out above and bring forward delivery dates where possible to ensure that the new capacity can start to benefit patients as soon as possible. For example, action will be taken to ensure early operation of a new CT scanner at the Golden Jubilee and MRI capacity at Forth Valley Royal Hospital. Further opportunities for bringing forward this new capacity will be identified early by the Improvement Plan.

Moreover, through increasing investment to a total of £320 million of capital funding, this will be supported by further opportunities for expanding capacity, as set out below.

Driving further improvements at the Golden Jubilee National Hospital

The Golden Jubilee will continue to increase capacity to support Boards in improving waiting times. In 2018 there was a 39% increase in diagnostic imaging capacity offered to Boards as well as an 11% increase in inpatient and daycase capacity from the previous year. The hospital will be purchasing an additional CT scanner, which will be operational by March 2019 and provide an additional 10,500 images annually. The hospital will also increase capacity in interventional cardiology through the use of an interim Mobile Cath Lab by March 2019 (which will deliver 400 additional procedures) and the development of a new additional Cath Lab by March 2020 (which will deliver 800 additional procedures per annum).

The hospital will also contribute to the throughput of cataract operations in the National Eyecare Workstream by increasing the number of cataracts being undertaken in its mobile theatre. This should come on stream during Autumn 2018, providing up to an additional 600 cataracts annually. Moreover, in preparing for phase 2 of the hospital expansion, the Golden Jubilee will also:

- Undertake an additional 600 endoscopies between September 2018 and March 2019 and 1,200 endoscopy procedures annually for 2019/20
- Commence work on providing additional general surgery activity, providing 250 procedures per annum in 2019/20 (subject to recruitment it is anticipated that 100 general surgery procedures will be undertaken in the first quarter of 2019)

Increasing the effective use of existing capacity

The Improvement Plan will co-ordinate and use capacity across the country more effectively to relieve pressure points and allow more patients to be seen quicker. Unused physical capacity across the NHS Scotland estate has now been identified and commissioned to support elective waiting times. By October 2019, two theatres at Forth Valley Royal Hospital will be commissioned that will have the capacity to deliver an additional 1,500 joint replacements (or equivalent procedures). By June 2019, a second MRI scanner at Forth Valley Royal Hospital will start to provide the capacity for an additional 8,000 diagnostic examinations. At the same time, also within 12 months, the use of temporary infrastructure – such as mobile imaging and temporary ward and theatre capacity – will support additional theatre and other inpatient capacity.

The Improvement Plan will drive activity to reduce cancellations and ensure theatre capacity is maximised. For example, the Golden Jubilee Hospital Theatre Improvement Group has made progress in reducing cancellations in ophthalmology from a rate of 6.1% in December 2017 to 2.6% in July 2018, and in orthopaedics from a rate of 4% in December 2017 to 2.5% in July 2018. More generally, actions to improve theatre use will be embedded in the specialty action plans discussed later in this plan, including: redesigning referral management and use of outpatient capacity for the clear clinical benefit of patients, and optimising the number of required visits; and actively exploring the increased scheduled use of theatre capacity (through, for example, additional hours in the day or extra session days through the week or the weekend).

In addition, we will pursue use of the independent sector in a structured and prioritised manner. Over the next 12 months we will develop a National Contract, based on clinical priorities, to make a more efficient and strictly limited use of the independent sector's contribution to short-term capacity – though only where that is required. This will provide short-term capacity while longer-term NHS capacity is put in place in line with this plan.

We will:

- *Review the Elective Centre Programme and accelerate delivery of the new capacity so patients can experience the benefits more quickly (from October 2018)*
- *Continue to expand the capacity of the Golden Jubilee National Hospital and maximise theatre capacity so that more patients can be seen quicker (through 2019/20)*
- *Drive widespread and deeper improvements in how theatres are being used across Scotland by redesigning how referrals are made and putting in place more effective scheduling of theatre capacity (through 2019/20)*
- *Bring unused physical capacity on stream to increase access to care, such as theatre facilities at the Forth Valley Royal Hospital (by October 2019)*

Increasing Clinical Effectiveness and Efficiency

To make a significant impact from the outset, the Improvement Plan will focus on clinical priorities and prioritise treatment. It will build on the existing Scottish Access Collaborative – our ambitious, clinically-led programme of work to drive system-wide change across key specialties. Actions include:

- Ensuring all clinical pathways are reviewed and redesigned to improve outcomes for both patients and clinicians
- Making sure it is easy for primary care referrers to get good and timely clinical advice, including secondary care clinicians, so that patients can get more timely advice
- Ensuring that short-term solutions are taken quickly and effectively, while putting in place longer-term solutions to make the improvements sustainable
- Implementing Team Job Planning across all Boards and specialties in Scotland so that the workforce is best place to support these improvements

Performance issues have been particularly concentrated in a handful of specialties, so the Improvement Plan will accelerate immediate action in these areas. Eight specialties represent almost 73% of patients waiting for outpatients and 83% of patients waiting for procedures. Targeted actions plans are already in development for these specialties (such as dermatology and trauma and orthopaedics), as well as key clinical areas that also require targeted action (such as cancer and diagnostic imaging). Actions under these plans will be taken forward from October 2018 as a matter of urgency. These actions plans will have clear deliverables and quantified goals for reductions over the 30-month period of the Improvement Plan. Key actions will include:

- Redesigning speciality-specific pathways, for example: the roll out of Rapid Access Neurology Clinics (by October 2019) and one-stop cancer diagnostic clinics, so that the process for seeing patients can be streamlined (by Spring 2021)
- Rolling out ‘opt-in’ processes for patient appointments to reduce the need for follow-up appointments when everything is fine and improving booking systems to minimise unnecessary delays (by October 2019)
- Rolling out Active Clinical Referral Triage in all sites to ensure patients are better prioritised (by October 2019)
- Strengthening ‘enhanced recovery’ pathways to further reduce length of stay and ensure theatre throughput is maximised (by October 2019)
- Increasing the use of remote attendance tools and virtual clinics, and using mobile units where possible (such as endoscopy) to save patients any unnecessary travel time and increase the time clinicians are able to spend with patients who need face-to-face consultation (by April 2020)
- Improving management of referrals, ongoing validation, scheduling and appointment reminder systems to maximise capacity and allow patients to be seen quicker (by April 2020)

- Maximising use of clinical teams; including surgeons, trainees, anaesthetists, theatre staff, Allied Health Professionals, diagnostics and nursing staff so the workforce can contribute to sustainable improvements in productivity (by Spring 2021)

Enabling wider improvement

Plans for particular specialties will be supported by action to drive productivity and efficiency across the service as a whole. The Improvement Plan will improve theatre productivity across Scotland by reducing overall cancellation rates and using the full capacity from current theatre training academies. Improvements in productivity and outcomes will also depend on the ability to identify and deploy new technologies quickly for the benefit of patients.

How we use digital technologies will be key to sustainable improvements. Scotland's Digital Health and Care Strategy – published in April 2018 – recognises that spread and adoption at scale of proven digital technologies within services across Scotland is critical to success. The Strategy builds on the work of the Technology Enabled Care Programme, which has demonstrated how, amongst other things, self-monitoring and remote consultations can reduce the need for routine outpatient appointments and how instant access digital/online treatment can be delivered as an alternative to traditional care.

Through the Strategy, we are putting in place the foundations for an ambitious, national digital platform that will allow information to be captured and accessed at point of contact – a key element in ensuring that primary and community care can provide better support to patients, and removing any bottlenecks in the sharing of key clinical information with secondary care clinicians. This will include the launch of a 'scale-up challenge' to mainstream the 'Attend Anywhere' video-consulting platform (by November 2018). Attend Anywhere allows individuals to meet with clinicians via remote video technologies, often speeding up the time for consultations and removing the need for unnecessary journeys. The initiative will be expanded through the support of the regional delivery and national Boards' plans – as discussed later in this Improvement Plan. In addition, work on a wider national digital platform will be captured in a detailed plan by December 2018.

Work is also underway to explore how Artificial Intelligence and automation can support processes to reduce waiting times in a way that will benefit patients across services. Where these technologies can be applied to clinical processes in ways that enhance safe, patient-centred care, they can drive productivity gains that can reduce waiting times and improve outcomes for patients. For example, the CivTech 3.0 challenge programme will be rolled out to test the automation of processes to reduce waiting times – an early-stage product will be delivered in February 2019.

We will:

- *Implement the emerging targeted action plans for key specialties and clinical areas to drive improvements in outpatient appointments and inpatient/daycase waits in those areas where access to care issues are particularly acute (from October 2018)*
- *Set out plans for mainstreaming the 'Attend Anywhere' video-consulting platform and delivering a national digital platform, so that fewer patients will need to travel unnecessary distances or wait to be seen (by December 2018)*

Designing and Implementing New Models of Care

Access to the right care at the right time not only depends on changes that need to be made in individual acute and secondary care services. We need to shift the balance of care from secondary/acute to primary/community care, not simply to improve waiting times but to ensure people get quicker and more effective support. Community and primary care services have an increasingly critical role in providing patients with more timely care closer to home. At the same time, designing some services at a regional level will lead to more effective, efficient and sustainable delivery for patients. The Improvement Plan will build on existing work in developing new models of care and ensure that this leads to significant improvements in access to care.

Community and primary care

Effective integrated community health and social care services are critical if we are to address waiting times and other secondary care demand issues. Through our approach to health and social care integration, NHS Boards and Integration Authorities are already working together to ensure sufficient focus and investment in care outside hospital to minimise avoidable inpatient care. The health and social care system needs to maintain its focus on improving public health and the development of preventative models of care (including self-management). If we want it to be financially sustainable, tackle persistent health inequalities, improve long-term outcomes and reduce pressure on the workforce, we cannot simply react to the management of patients with long-term conditions without taking long-term action across the health and care system as a whole.

It is essential that patients leave hospital when they no longer need to be cared for there, and that the savings made are appropriately reinvested so that a virtuous circle is created – increasing capacity in the community so that pressure is taken out of the system. To date, integration is starting to deliver success. Current projections indicate that local systems are on course to deliver a reduction of approximately 7% in avoidable bed-days by the end of this year. Integration Authorities are working towards the Health and Social Care Delivery Plan aim of reducing unscheduled inpatient care by up to 10% (or 400,000 occupied bed-days) by the end of 2018. Freeing up unscheduled occupied bed-days requires action and investment in communities to avoid unnecessary admission to hospital and to reduce delayed discharges where those are a concern.

Preventative and anticipatory care in communities, intermediate care, re-ablement and step-up/step-down care, along with best practice in relation to discharge procedures, all play an important part. All of these actions together will bring improvements in unscheduled care and the pressures on A&E within hospitals.

Alongside this Improvement Plan, we are taking renewed action to ensure these ambitions for integration are realised quickly and efficiently. In May 2018, we announced a review of progress by Integration Authorities, with the aim of

understanding and addressing the challenges and opportunities integration brings. As part of the review, a joint statement between COSLA and the Scottish Government was issued in September, reaffirming the joint commitment to integration. Interim recommendations are expected later in the Autumn, and the review as a whole will conclude in early 2019.

At the same time, greater integration needs to be supported by a community and primary care workforce working together flexibly in support of patients. Given the role of the GP in deciding whether people require further assessment; investigation, treatment, referral and admission and ensuring that GPs have the time to undertake genuine shared decision-making is fundamental. Under the new GP contract, we are improving patient care by refocusing the GP role to Expert Medical Generalist, centred on complex care and clinical leadership of an expanded multi-disciplinary primary care team. GP practices will be part of clusters, benefiting from peer reviewing quality planning, improvement and assurance, including on issues like hospital referrals.

This work will build upon concerted, co-ordinated action at local level. Locally, agreed Primary Care Improvement Plans covering all 31 Integration Authority areas of Scotland have now been developed and agreed. The plans already show there has been a clear acceleration of both the pace and scale of the development of primary care multi-disciplinary teams of health and care professionals across all parts of Scotland, and a step-change in the nature of clinical leadership in the GP profession in co-designing reform. Over the next 12 months, the plans will be implemented to drive these changes further.

In addition, within particular community and primary care services, specific actions will also drive improvements. For example:

- Optometry. The up-skilling of the optometry profession has seen a dramatic fall in non-sight threatening conditions presenting to emergency eye departments, and more patients being monitored in the community before being referred onto the hospital. This was further strengthened from 1 October 2018 when changes to General Ophthalmic Services arrangements enabled the vast majority of post-operative cataract review appointments (c.42,000 per annum) to be carried out in the community instead of secondary care. Building on this, new action will: update and implement national clinical guidance for optometrists in primary care; improve patient pathways; implement Advice Pathways between optometry and Hospital Eye Services to speed up appropriate referral times; and share images and relevant information across primary/secondary care to prevent unnecessary referrals back to Hospital Eye Services and/or duplication of tests/images.

- Dentistry. The Oral Health Improvement Plan was published in January 2018. This is an ambitious programme to rebalance service provision from secondary to primary care where General Dental Practitioners with enhanced skills will have the opportunity to provide certain services that at present are delivered within a secondary care environment. Building on this, we are amending regulations to allow NHS Boards to list general dental practitioners with enhanced skills, and in our Fairer Scotland Action Plan, we have announced additional funding to support the expansion of Childsmile provision to support young children living in the poorest 20% of areas in Scotland.
- Pharmacotherapy. In our 2016-17 Programme for Government, we committed that by the end of this Parliament, all GP practices in Scotland will have access to pharmacists with advanced clinical skills. As part of the new GP contract agreement in Scotland, these pharmacists and technicians now form the foundation for the pharmacotherapy service, which will provide an important function in supporting patients with their medicines – not least those at higher risk of admission or readmission to hospital. Building on this, over the next three years the service will develop to support medication reviews for more complex cases, poly-pharmacy reviews for patients prescribed multiple medicines, monitoring those on high-risk medicines, post-hospital medicines reconciliation, taking action on hospital Immediate Discharge Letters, and authorising hospital outpatient medicine requests.

Regional and national collaboration

The Health and Social Care Delivery Plan reflected the need for NHS Boards to work more collaboratively and efficiently with each other and with local authority and other partners across disciplines and boundaries to plan and deliver services over the next 15-20 years, with a focus on improved patient outcomes and financial and workforce sustainability. Recognising that some of this work can only be achieved through cross-boundary collaboration, we commissioned regional delivery plans for each of three regions (North, East and West), focusing on the future shape of services, capital planning and workforce sustainability. The national Boards were commissioned to develop a plan to support the regional delivery plans.

The plans are continuing to be refined through local engagement. Over the next two years, the regional and national collaborations of NHS Boards, working with partners, will develop actions within the plans to drive service improvements, linking with the targeted specialty action plans wherever possible, including:

- Developing standardised referral criteria and pathways in the East region to reduce inappropriate referrals, so that people do not wait unnecessarily to see clinicians
- Extending the outpatient triage service in Aberdeen to the whole of the North region so referrals can be reviewed and alternatives to consultant outpatient attendances actively considered

- Extending the NHS Lanarkshire pilot on completing imaging before referral into secondary care to the whole of the West region to support early review of referrals by acute clinicians, so diagnostic image information will be used more quickly for the benefit of patients
- Developing a national Patient Reminder Service to reduce the number of people who did not attend or had delays in outpatient appointments
- Expanding the pilot work in new models of frontline primary care, including GP in-hours triage for same-day appointment requests and enhancing the role of paramedics to provide a greater range of treatment and interventions directly for patients at home

We will:

- *Accelerate whole-system redesign of local patient pathways involving Integration Authorities, NHS Boards, and primary and secondary care clinicians (through 2019/20)*
- *Implement the General Medical Services contract to free up more GP time for appointments requiring longer discussions (through 2019/20)*
- *Build primary care multi-disciplinary teams to reduce unnecessary referrals by implementing the locally-agreed Primary Care Improvement Plans (through 2019/20)*
- *Take forward key actions to drive regional service reshaping where this will benefit patients through the regional delivery and national Boards' plans (through 2019/20)*

Improving Mental Health

We are taking decisive action on access to care on mental health services in parallel with this Improvement Plan. In support of our Mental Health Strategy, which we published in 2017, the recent Programme for Government put forward an ambitious programme of reform and investment on mental health services. This will be further reinforced by the recommendations from the Task Force led by Dame Denise Coia, which will inform the specific actions and targets we need to take to ensure delivery of the right care in right place.

Once the Task Force has reported, before the end of the year, we will bring forward detail on actions to address mental health waiting times.

Ensuring our Workforce Can Support Improvement

Action in different specialties and clinical areas requires a supported and skilled workforce. While NHS Scotland's workforce has grown for the past six consecutive years, we know that there are key staffing constraints on our ambitions to improve access to care, particularly in specialties such as urology, dermatology and general surgery. At the same time, withdrawal from the EU presents serious challenges to retention and recruitment across our health and care services, and is causing significant uncertainty for the workforce.

We are taking action in response to these challenges over the next 12 months. The Improvement Plan will:

- Invest £4 million over the next three years in domestic and international recruitment for GPs, nursing, midwifery and consultant specialties with the highest existing vacancy rates
- Encourage more capacity through the existing workforce, for example, by working with Staff Side and Employers to reduce sickness absence rates with a focus on staff health and wellbeing, and by rolling out eRostering technology to ensure staff time is used more effectively
- Enhance workforce capacity in key specialties, for example, by developing a 'Once for Scotland' approach to NHS workforce policies across Boards, where appropriate
- Improve career pathways in key specialties, for example, through Advanced Nurse Practitioner and General Nurse posts to ensure patients are seen appropriately and more quickly, and by creating multi-disciplinary clinical teams of surgeons, trainees, anaesthetists, theatre staff, Allied Health Professionals, diagnostics and nursing staff

In particular, the availability of a trained workforce is critical to the successful delivery of the elective centres. Work is underway to develop workforce plans that will ensure our workforce models will be delivered and are sustainable and affordable. By Spring 2020, actions will include:

- A national workforce plan for the elective centres will be developed that will inform planning to ensure that there is sufficient workforce to support the new centres without disrupting existing services, including managing student intake numbers and supporting national enhanced practitioner training requirements
- A draft framework to support joint recruitment and appointment processes across NHS Boards, so workforce capacity issues can be addressed more effectively

This will build on the work already underway to tackle key elements of the workforce, including provision of:

- 800 more GPs (headcount) over the next ten years
- 100 more medical undergraduate places by 2021

- 2,600 extra nurse and midwifery training places by the end of this Parliament
- An increase in GP Specialty Training posts from 300 to 400 per year
- 500 more Health Visitors by the end of 2018
- 50 more Radiology Specialty Training posts over the next five years, supported by an additional £3 million investment
- 500 more Advanced Nurse Practitioner posts by the end of this Parliament

The Improvement Plan will also build on the significant investments in staffing that are already taking place. Working in partnership with trade unions and NHS employers, we recently delivered a three-year pay deal for all Agenda for Change staff, which for those earning up to £80,000 provides consolidated pay increases for staff at the top of their pay band of 9%, with higher increases for those lower down the pay scale. Moreover, a national and intensive approach to workforce planning will be further progressed with the publication of the integrated national workforce plan by the end of this year.

Delivering the Improvement Plan

An oversight board is being established to drive delivery of the actions in this plan, and will ensure workforce and infrastructure resources are co-ordinated to maximum effect. Under the joint chair of Jill Young, Chief Executive of the National Waiting Times Centre, and Malcolm Wright, Chief Executive of NHS Tayside, the Board will report directly to the Scottish Government Director General for Health and Social Care. Through a robust performance management approach, it will closely monitor progress on the deliverables and impacts in terms of the Improvement Plan's stated ambitions.

We will regularly report our progress publically and the plan will be reviewed on a continuing basis, and refined to ensure that actions are assessed and new activity is brought on stream as required.

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